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ABSTRACT

The scope of Japan's rehabilitation services for persons with disabilities is reviewed and discussed from the perspective of social and demographic change in that country. An introductory chapter on the current situation in Japan looks at characteristics of the land, the people, the government, industry and the economy, and the culture. The second chapter describes the incidence of disabilities in persons: under 18, over 18, with mental disabilities, and with chronic diseases. Chapter 3 gives an overview of rehabilitation in Japan, looking at its development since before World War II, the present legal and administrative situation, and future prospects. Four subsequent chapters address the current state of specific areas of rehabilitation: medical, educational, vocational, and social. Chapter 8 describes the trends in organizations for dealing with major disabilities, including the beginning of the disability movement after World War II, formation of organizations for specific disabilities, the campaign for compulsory education, formation of parents' associations, the shift from institutional to community care, protection of civil rights, securing the right to work, increasing independence, and the Japan Council for the International Year of Disabled Persons. Appended materials contain information on related organizations and Japan's principal law on disabilities. (MSE)

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Rehabilitation in Japan

1988

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The Japanese Society for Rehabilitation of the Disabled



Rehabilitation in Japan



1988



The Japanese Society for Rehabilitation of the Disabled

FOREWORD

This book is printed to commemorate the 16th World Congress of Rehabilitation International, which will be held in Tokyo, Japan in September 1988- the first World Congress to be held in Asia.

The aim of this book is to introduce the scope of rehabilitation services in Japan. These range from medical services through to vocational provisions, since World War 2. I trust that people concerned especially those from other countries working in such fields, will find this book useful and stimulating. A similar book entitled "Rehabilitation In Japan" was published at the occasion of the 3rd Pan Pacific Rehabilitation Conference, held in Tokyo in 1965, which was then the first international conference of its kind in Japan.

When one compares this book with that published twenty-two years ago it can be clearly seen that the last twenty or so years have seen great progress in the development of our rehabilitation services. Why is this so?

Three main reasons have been a gradual change in society's understanding of disabled people, the betterment of the fiscal situation, and the impact of the 1981 International Year of Disabled Persons- since then we have seen a marked increase in both understandings and provisions.

However, we still need to work hard at such concerns as the provision of continual and comprehensive rehabilitation services within the community, and to improve the training of rehabilitation professionals. The battle continues.....

Additionally, Japan is now facing new problems: the increasing number of elderly disabled persons, and people with severe disabilities. Other difficulties include the pressures inherent in the changing of the industrial and employment structures due to the advance of technology.

All the contributors listed below are most prominent experts in their respective fields, and I should like to thank them for their detailed articles, particularly in view of their busy schedules.

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We hope that this book is also beneficial to people from other countries, particularly developing countries, as they seek to consider how to develop and improve such services in their own situation. In conclusion, I should like to express my heartfelt gratitude to those involved in writing and editing this book, especially to Mr. Ryosuke Matsui, Chairman, Committee of Public Relations, who both planned this book and coordinated its contents with each author, to Mrs. Eiko Okuno, National Rehabilitation Center for the Disabled, who kindly read through the English Text, checked and corrected the technical terms, etc., and to the Mitsubishi Foundation for their financial assistance.

March 1988

Hirokuni Dazai

President

Japanese Society for Rehabilitation of the Disabled

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Chapter 1

The Current Situation in Japan

I. Introduction

Every nation has its culture of which it may well be proud. Japan is no exception and has cultivated its culture within the confines of this nation over a period of several thousand years. Its natural features, including the regional climate and the inhabitants, have blended with artificial features such as government and industry to form the culture that exists today.

As space allows, the writer will attempt to take up such factors one by one and observe how they have influenced conditions existing in Japan today with due considerations for the interests of readers concerned with the welfare of Japan.

There are some among the Japanese who are determined to stress the uniqueness of this culture. But this country has undergone changes as a result of the many trials and ordeals that were faced since its being opened up in the Meiji Era, and continues to undergo changes to this day. The very history of Japan is featured by the encounters between the unique, indigenous culture with that of cultures derived from foreign sources. This phenomenon will most likely continue in

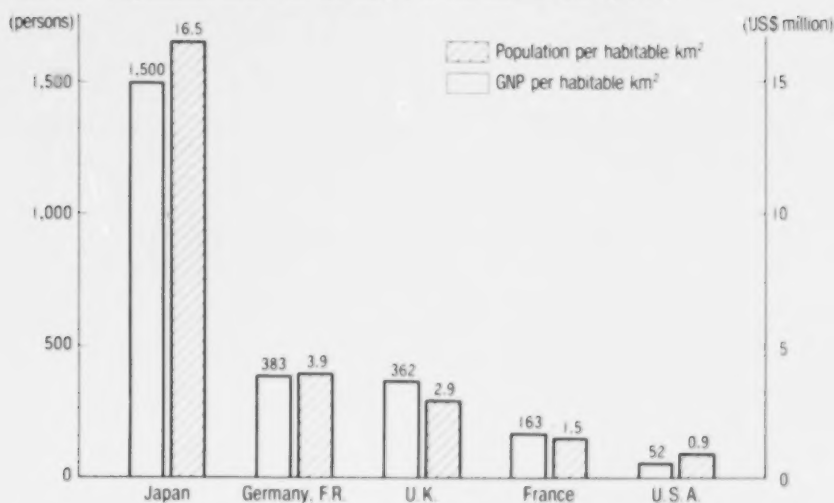
years to come.

To be sure, Japan has its own language, its own customs and own system of government. From the early days, Japan has been influenced both directly and indirectly by the culture of the Continent, and since the Meiji Era has experienced a most rapid exposure to the cultures of western Europe. Yet what is it that has enabled Japan to retain most of its own culture throughout that time?

First, there is its unique location. Though England and Japan are located at the Western and Eastern fringes of the Eurasian Continent respectively, there is a difference of about 5 times in the distance between the Straits of Dover separating England from Europe and the Korean Straits separating Japan from the Asian Continent. This subtle difference appears to have served as a natural barrier.

Secondly, as a man-made feature, there is the most unique historical fact of having persisted in a policy of seclusion since the advent of the Era of Great Navigation through the Modern Era which featured rivalry among leading powers to gain colo-

Figure 1-1 Population and GNP Density Per Habitable Area (1985)



Source: National Land Agency, Japan; U.N., *Monthly Bulletin of Statistics*.

nial territories.

The following is an attempt to observe the existing situation in Japan based on the dual-

ity of unique, indigenous culture on the one hand and foreign sourced culture on the other.

II. Territory

1. Absolute Limitations

The Japanese are said to be ailing hopelessly with a national "inferiority complex". From the Meiji Era, when it became aware of the power and might of the world, and throughout the forty years following the end of World War II this tendency has remained pronounced. This is believed to have intensified from the obsessive fear that was instilled into the Japanese at the end of the War when it went through a state of famine together with shortages of resources of all kinds.

Within limited territorial space, Japan finds itself short of residential spaces in comparison to nations in Europe and Americas (See Figure 1-1). The personal homes which have been ridiculed as "rabbit hutches" bear this out and the general levels of personal assets and built-up capital remain low. For the average Japanese, being confronted with the need to "Live up to the awareness and responsibility of a major economic power" is somewhat lacking in any sense of reality. As a matter of fact, as will be discussed in later passages, in contrast with the macro-economic (economy at the national level) pros-

perity, the micro-economic (at the level of private enterprises and households) hardships being encountered with appreciation of the yen and overall anxiety over future prospects are causing government efforts to promote domestic market demands to meet with limited progress, if any. The old maxim of "Tightening the helmet strings after victory" seems to prevail. There seem to be efforts, both institutional and individual, being exerted mainly towards financial techniques aiming at monetary gains and previous trends toward frugality have not abated.

2. Benefits of Nature

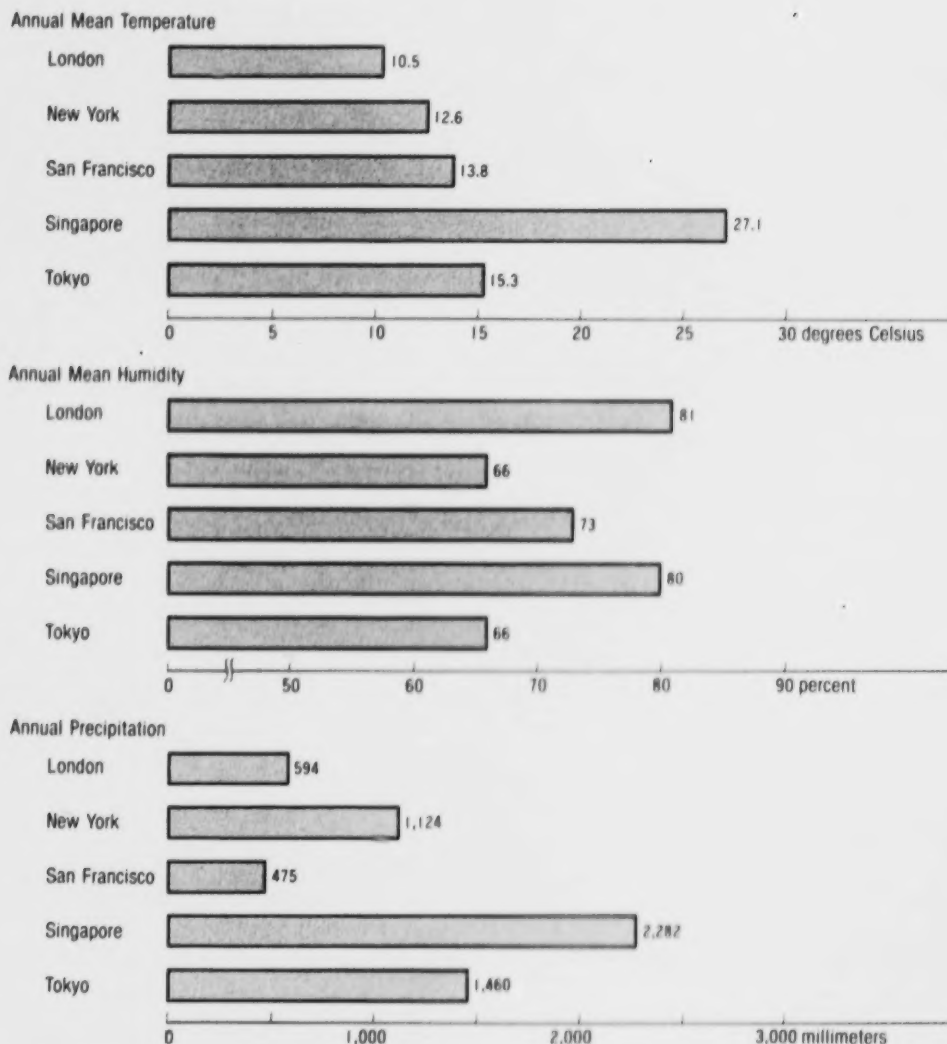
In spite of the foregoing topographical limitations, the benefits bestowed by nature on Japan are abundant. Japan is a chain of islands which stretch out from the north to south in a moderate temperature zone. (Japan consists of four major islands, and the respective ratios of dimensions are Shikoku 1, Kyushu 2, Hokkaido 4 to Honshu 12). Neither the cold in the winter nor the heat in the summer seasons reach such extremes that are intolerable, and the country is particularly blessed with generous amounts of rainfall. (See Figure 1-2).

A maritime nation as it calls itself, the country is surrounded on all four sides by water. The Kuroshio (Black or Japan) current and the Oyashio (Kurile) current converge off her shores making the area an ideal fishing ground. Nature has fashioned a most economical means of transporting raw material imports into Japan and this has contribut-

ed greatly to the economic development of Japan. Traditionally, Japan has been able to partake of the culture from the Continent at opportune times of its choice, while the same stretch of waters has formed a stronghold free from invasion from the Continent, except for the one period in the latter 13th century when powerful forces from Mongolia attempted to set foot ashore. This has been one of the blessings enjoyed by Japan.

The influence of such benefits bestowed by nature on the racial characteristics of the Japanese cannot be overlooked. The four seasons of Japan can be distinctly distinguished, and even within each of the seasons, there can be felt the subtle differences between the early and late parts of the season in question. It is the rule to have such unique sensations pertaining to seasons read as seasonal terms into the "Haiku" (a unique short poem of Japan consisting of 17 syllables). The 120 odd million people of Japan have appreciated the growing amount of time on their hands, and the number of people turning to haiku to read their thoughts in appreciation of nature is on the increase. The sensation of the seasons is apparent in food and the first serving of a given produce of any season is considered to be something special. It cannot be denied, however, that innovations enabling the cultivation of various types of fruits and vegetables all year round in green houses or fish and seafood in farms have done away with some of the enjoyment of fresh seasonal foods.

Figure 1-2 Comparative Climatic Statistics



Source: Tokyo Astronomical Observatory, Maruzen Co., Ltd., *Shouwa 61 nen riki nenpyo* (1986 Chronological Scientific Tables).

3. Hardships of Nature

Nature at times can become severe and harsh. Every fall is the season of typhoons and floods. (See Table 1-1a). Another form of

hardship would be the volcanic eruptions and earthquakes which are peculiar to a country located in volcanic mountain ranges. (See Table 1-1b). At the year-end of 1986, the Mihara volcanic mountain erupted on the

Table 1-1a Examples of biggest typhoons

	Name	Areas	Killed and Unknown	Destroyed houses
21 Sep, 1934	Muroto	All Japan	3,066	475,634
17 Sep, 1945	Makurazaki	West Japan and Kanto	3,756	446,897
26 Sep, 1959	Ise-wan	Chubu	5,041	567,713

Table 1-1b Examples of Severest Earthquakes

Date	Area	Killed	Unknown	Destroyed houses
1 Sep, 1923	Kanto	99,331	43,476	702,495
3 Mar, 1933	Sanriku #	3,008		6,404
13 Jan, 1945	Mikawa	1,962		33,824
28 Jun, 1948	Fukui	5,168		85,445

: Earthquake and *tsunami* (tidal wave)

island of Izu Oshima, 110 kilometers southwest of Tokyo forcing 10,000 residents on the island to seek refuge temporarily in Tokyo city. Tokyo itself is destined to a 60-year cycle of major earthquakes with the last of these in 1923 becoming a major disaster with fires that occurred in the wake of the tremors. Though measures for forecasting of

earthquakes have progressed, together with architecture designed to withstand quakes, to the residents of Tokyo westward to the Tokai district, the advent of a major earthquake cycle is something entirely different from the frequent typhoons and is becoming a nightmare that may turn into reality any day.

III. The People

1. Homogeneity and Sedentariness

Regarding the original native population of Japan, there are entries in the oldest historical records in Japan of the 8th century, namely Kojiki and the Nippon Shoki, as well as in records of Chinese history of the 3rd century. This is a topic which is of great interest to

both academic institutions and to amateur historians alike. It is generally believed that peoples of various races from Southern Asia, the Korean Peninsula and the Northern Continent came to settle from pre-historical times and became unified under the rule of the Yamato Dynasty, the ancestors of the Emperor's Household, in about the 4th century. Immigration of peoples from China and



Younger Japanese people have been noticeably less constrained by the traditional values, behaviour and honourific expressions of previous generations - so much so that they have been labelled the "New Species". They are more able to be individualistic and objective about themselves, and happier to display this individualism openly to society. They are able both to work and play hard, being very competitive in each. In particular, younger people seem to have an inherent affinity with today's modern technology.

Table 1-2a Number of Japanese Living Overseas by Region, October 1985

	Number of Japanese (1,000)	Share of total (%)
Asia	58.4	12.2
Oceania	9.5	2.0
North America ^a	165.3	34.4
Central America	5.3	1.1
South America	154.5	32.1
Western Europe	68.1	14.2
Eastern Europe	2.1	0.4
Middle East	9.8	2.0
Africa	7.7	1.6
Total	480.7	100.0

Note: Includes both long-term and permanent residents.

a. Including Hawaii and Guam

Source: Ministry of Foreign Affairs, *Kaigai zairyu hojinshi chosa tokui* (Survey of Japanese Living Overseas), 1986

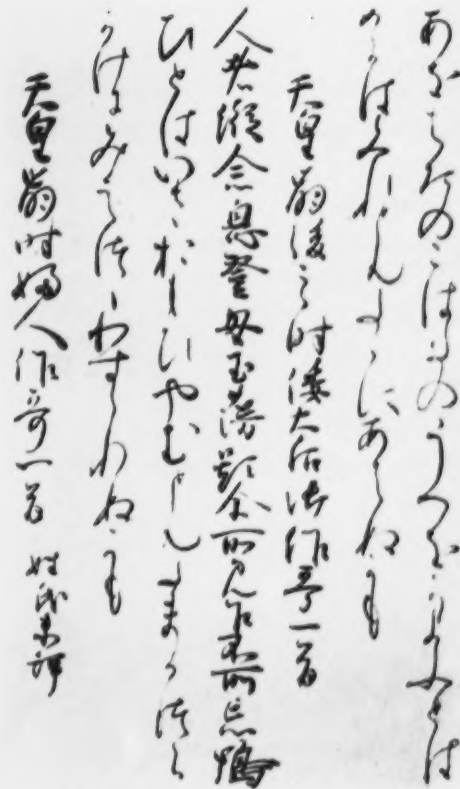
Table 1-2b Number of Foreign Residents in Japan by Nationality, December 1985

	Registered foreigners (1,000)	Share of total (%)
North and South Korea	683.3	80.3
China	74.9	8.8
USA	29.0	3.4
Philippines	12.3	1.4
U.K.	6.8	0.7
W. Germany	3.0	0.4
India	2.5	0.3
France	2.4	0.3
Australia	1.8	0.2
Others	34.6	4.2
Total	850.6	100.0

Source: Management and Coordination Agency, *Nihon no tokui* (Japanese Statistics), 1986

the Korean Peninsula continued thereafter up to the 6th and 7th centuries, bringing in many of the features of the culture of the Asian Continent. For the Japanese race to assert its purity and homogeneity may be appropriate from the period following the Nara and Heian Eras. Prior to this period, there is no doubt that Japan was the abode of a number of different races. The feeling of homogeneity however, furthers the trend to become sedentary and take roots in the same soil. This, in turn, has become one of the causes for the Japanese being incapable of maturing into individuals with truly international personalities. While devotion to one's country and the spirit of comradeship can be regarded as virtuous, there is definitely a need to reflect and conduct serious soul-searching over the trend for prejudiced nationalism and tending to remain withdrawn in one's shell. The homing instinct on the part of Japanese is becoming the target of criticism. The so-called "Silver Columbia Project" planned by the Ministry of International Trade and Industry to encourage the elderly retirees living on pensions to reside in foreign countries where living costs are lower will most likely require much time before the homing instinct of the Japanese can be overcome. This can be supported by the fact that the number of Japanese residing overseas is far smaller than the number of non-Japanese residing in Japan. (See Tables 1-2a,2b).

But after the War, generations have changed and Japanese individuals have come to assume leading roles in western music, in the



Kanji, or Chinese characters, were brought to Japan from China and adopted for written Japanese. However, linguistically the two languages are very different. Kanji was adapted by the introduction of "hiragana" - a form of "kana" or Japanese alphabet. Shown here is the "Manyōshū", regarded as the supreme example of Tanka, or Japanese poem of 31 syllables. Both Kanji and Hiragana are appariant. ("Sekai-daihyakka - Manyōshū", Heibonsha, Inc.)

classical dances and in fashion. Nowadays, the younger generation (referred to as "Shin Jinrui" or literally, the New Species) are no longer bound by the concepts of homogeneity nor are they rooted in Japan. It could be said that they have the makings of truly internationalized personalities.

2. Language

The features of the Japanese language can be said to be instrumental in supporting the

homogeneity and sedentariness as well as being the basic factor for the peculiarities of the Japanese culture, It is believed that no established theory exists regarding the origin of the Japanese language. China is said to be a nation of "same script and same race", but Japan has used "Kanji" (Chinese characters) solely for convenience of phonetic representation. As a language, there are theories that claim Chinese to be more heterogeneous than English. The Manyoshu, which is regarded as the supreme example for those who study "Tanka"(together with "haiku", this is a traditional form of poem consisting of 31 syllables) was compiled in 770 A. D. This is the oldest collection of poems in Japan, using Kanji for phonetic representation. The poems contained combine simplicity with sublimity, and are widely read by many students of this form of poetry. The Genji Monogatari (The Tales of Genji) compiled in the early 11th century was compiled by a woman writer Murasaki Shikibu in "hiragana" (a form of alphabet unique to Japan which came to be widely used from the middle of the 9th century). This has been widely read from olden times and the psychological depictions that

are contained therein are in perfect harmony, with no sensation of incompatibility with trends of today. These are but a few examples of Japanese language as being the pride and essence of Japanese culture. But the problem lies in its unique character which has become a major barrier between the Japanese and the rest of the international community.

Recently, learning the Japanese language has become a matter of prime importance to foreigners. Though institutions rendering instructions in the Japanese language as well as instructors have increased both domestically and overseas, complete mastery of this language which indeed is unique is not an easy task for foreigners. The sensation of alienation for Japanese in an international community and isolation of Japanese culture are due to and are indeed being amplified by the unique character of the Japanese language as a means of communication. It is felt that no easy shortcut method to overcome this problem exists. In fact, it would be necessary for Japan to exert efforts to master foreign languages and to introduce Japanese publications by translations.

IV. Government

1. Constitution of Japan

The post-war Constitution of Japan was effectuated as of May 3, 1947 and reached its 40th anniversary in 1987. It is felt that the Constitution has established its roots firmly

among the Japanese people. With the trends in the political situation following the end of World War II being in an unpredictable state, the interest among the Japanese people toward this fundamental law was deep-rooted. There was a period in which publications

dealing with detailed explanation of the Constitution became best seller books.

Yet with the group of those favoring protection of the existing Constitution on the one hand, there is much activity among others asserting the need for its revision. Yet the Constitution of Japan provides that procedures for its revision are to be put to a national plebiscite. It would appear that public support of the Constitution is firm and under existing conditions which are totally unpredictable worldwide, this Constitution is probably the most reliable guideline on which Japan can place its future and fortunes. It may be meaningful to spend some time re-viewing its background.

The grounds for revision of the Constitution are based mainly on the feeling among the people that the post-war Constitution was something that was thrust upon Japan (their slogan calls for "An Independent Constitution"). Actual assertions for the need for revision range from those dealing with the basic problem of the "Emperor as a symbol" or "Renouncement of war" which have been the prominent features of the new post-war Constitution (which may go beyond the limitations of revisions which can be enacted by the existing Constitution) to other technical problems (generally felt feasible through normal revision procedures) as simplification of lawmaking institutions (for example, changing over to a single House system). It is the feeling of the governing political party that public opinion would not be in support of revision at this stage. They have elected to

handle problems of urgency, such as the required buildup of defenses, as having been solved and assume the position of avoiding revision of the Constitution for some time to come. (The opposition parties are overwhelmingly in favor of the "Peace Constitution" remaining in its present form).

The original draft of the new Constitution may have been provided by the Occupation Forces, but it remains a fact that in 1946 it was passed by the Diet duly constituted under the then existing Meiji Constitution by legally authentic procedures for revision. As such, it cannot be stated either in form or in essence that it was thrust upon the people of Japan against their will. The contents of the existing Constitution are to be regarded as being extremely progressive even in today's times. Were it not for the extraordinary situation which existed as a result of defeat and occupation following World War II, it is doubtful whether under normal conditions such a democratic form of a Constitution could have been independently enacted. Let us review the highlights and some of the controversial points.

First is the problem of the "Emperor as a symbol". The Emperor himself is busily engaged in the handling of various tasks that are required of him as "the symbol of the state and unity of the people". The position of the Emperor in the history of Japan has with the exception of brief periods been symbolic during prolonged eras of regency and of samurai rule up to the Meiji Era. The currently existing Constitution has merely endorsed

Figure 1-3 Imperial System, Public Opinion Survey on the Emperor and the Imperial Family

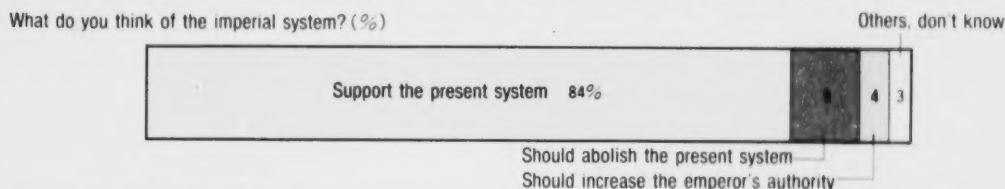
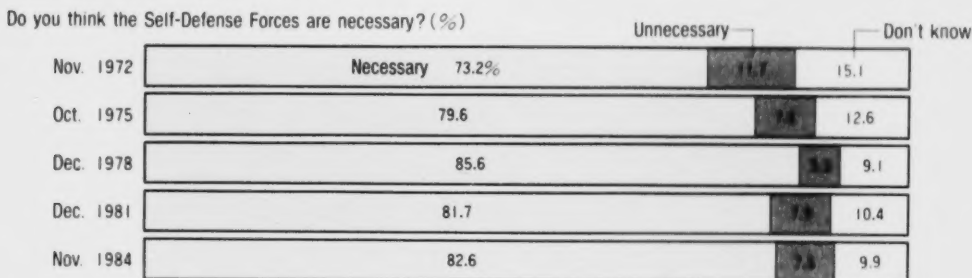


Figure 1-4 Public Opinion Survey



Source: Public Opinion Survey on the Self-Defense Forces and Defense Problems, Prime Minister's Office

this position and therefore has met with no resistance, but indeed, support by the people of Japan. (See Figure 1-3).

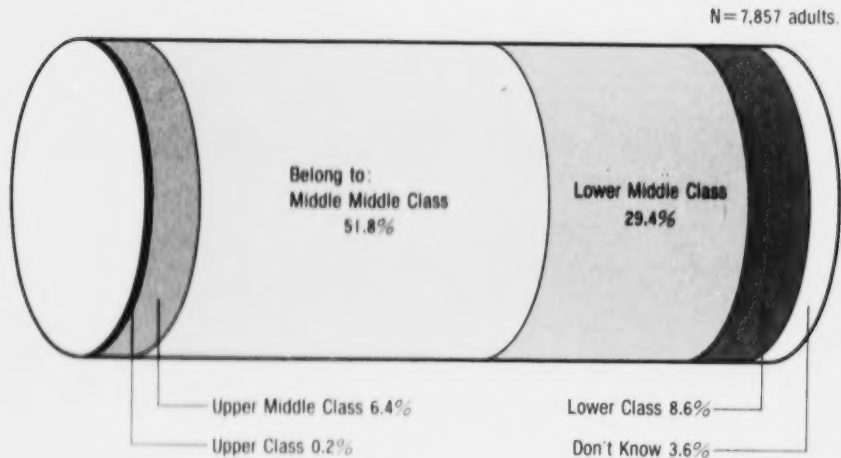
The second point is "Renouncement of War" which is regarded as the foremost feature causing it to be referred to as the "Peace Constitution". Over 80% of the people are in support of the establishment of the Self Defense Forces (See Figure 1-4), and the defense capacity buildup is also being supported by the people as long as a steady and deliberate pace of buildup is being followed. Pinched in, as this problem has been, between conflicting elements of ideals and realities, the passing of time has seemingly brought about a consensus among the people of Japan at this level.

Third, the guarantee of the basic human rights consisting of the rights to live, to work, and equality between male and female sexes

has contributed toward upgrading the quality of people's livelihood and the materialization of an equalized society. 90% of the people have come to think of themselves as being in the middle class or higher level in society (See Figure 1-5).

The problem would seem to lie in the recent developments in the areas of yen appreciation, excessively favorable balance of trade, the extraordinary rise in the values of real estate and negotiable securities. There is concern over the possibility of social inequality stemming from the above factors between manufacturing and non-manufacturing industries or between "genuine" businesses concentrating on productive business practices and "false" businesses tending heavily toward speculative manipulation of corporate funds. There is also concern as to whether or not the concept as expressed in the

Figure 1-5 Class Perceptions of Japanese Households (1986)



Source: Prime Minister's Office, Japan.

Preamble of the Constitution that "no nation is responsible to itself alone, but that laws of political morality are universal" is being observed by Japan in her international activities. It is time Japan undertook serious soul-searching as to whether she is capable of "occupying an honored place in international society". It then becomes a matter, not of the need for revision of the Constitution, but the determination to abide by the spirit of its existing provisions.

2. Democratic Parliamentary System

The parliamentary system of Japan was patterned after the British system. The major weakness of the system as now implemented in Japan is the fact that the opposition parties, lacking in strength, are not in a position of being able to replace the ruling

Liberal Democratic party. The Japan Socialist Party which from previous records of performance is the main opposition, was in power for a limited period time shortly after the War. It requires the existence of such opposing parties as the Democratic and Republican Parties in the United States and the Tories and the Labor Party in England for the parliamentary system to blossom forth and bear fruit.

Among the current problems would be the concentration of the population into the major urban areas causing the distribution of the Diet seats to become thinly spread in the cities and thickly among the sparsely populated rural areas. Appropriate revision of the number of seats according to electoral areas is a matter that is required by the Constitution. The second problem concerns the "raison d'être" of the Upper House. The

Table 1-3 Number of Candidates Elected and Voter Support Ratio in House of Representatives Elections by Party

	LDP	JSP	Komeito	DSP	JCP	NLC*	Minor parties	Independents	Total
Dec. 10, 1972	271 (46.9)	118 (21.9)	29 (8.5)	19 (7.0)	38 (10.5)	—	2 (0.3)	14 (5.0)	491 (100)
Dec. 5, 1976	249 (41.8)	123 (20.7)	55 (10.9)	29 (6.3)	17 (10.4)	17 (4.1)	0 (0.1)	21 (5.7)	511 (100)
Oct. 7, 1979	248 (44.6)	107 (19.7)	57 (9.8)	35 (6.8)	39 (10.4)	4 (3.0)	2 (0.8)	19 (4.9)	511 (100)
June 22, 1980	284 (47.9)	107 (19.3)	33 (9.0)	32 (6.6)	29 (9.8)	12 (3.0)	3 (0.9)	11 (3.5)	511 (100)
Dec. 18, 1983	250 (45.8)	112 (19.5)	58 (10.1)	38 (7.3)	26 (9.3)	8 (2.4)	3 (0.8)	16 (4.9)	511 (100)
July 6, 1986	300 (49.4)	85 (17.2)	56 (9.4)	26 (6.4)	26 (8.8)	6 (1.8)	4 (1.0)	9 (5.8)	512 (100)

Note: Figures in parentheses indicate percentage of the vote obtained

a. The New Liberal Club disbanded in August 1986, and five of its lower house Diet members rejoined the LDP

administrative sector has been aiming at a "smaller (cheaper) government" with efforts extended toward stepping up its efficiency. The law-making sector is being questioned not only regarding the existence of the Upper House but also regarding the number of seats for the Lower House and improving the efficiency of its operations. The strengths of each political party in the House of Representatives is as shown in Table 1-3, and it would appear that the Liberal Democratic Party with its numerous factions has reached the peak of its prowess.

3. Trends in the Political Situation since the Meiji Era

By dividing the 120-year period since the Meiji Restoration (1868 to 1988) into 3 periods of approximately 40 years each, we are able to observe national indicators or goals in

macro-political terms (grand designs) that are characteristic in each of the periods.

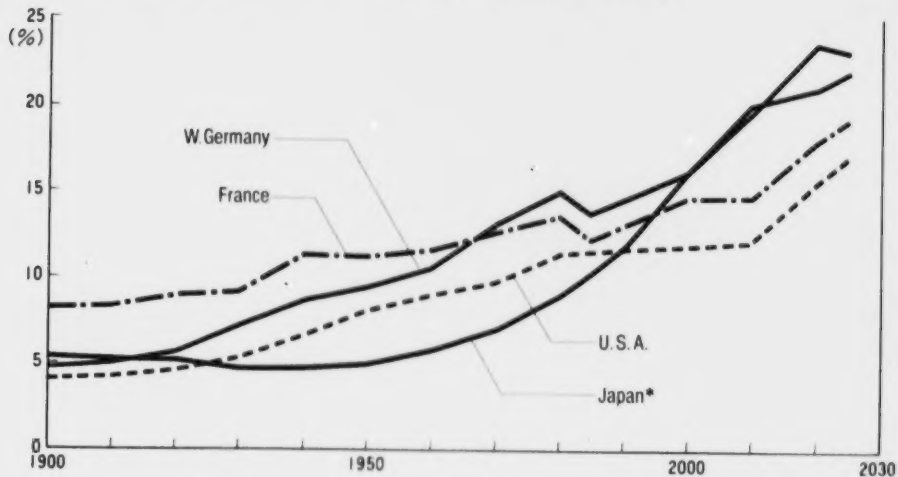
(1) From the Meiji Restoration to the Russo-Japanese War (1868 to 1905), a period during which the so-called "Strong Military, Rich Nation" policy was followed.

(2) From the Russo-Japanese War to the end of World War II (1905 to 1945), a period during which government was "distorted by militarism".

(3) From the end of World War II to the recent period of Excessive Trade Surpluses (1945 to 1988), a period which was devoted to "Economic Restoration and Rehabilitation".

Leaving aside for the time being the evaluations and assessments of each of the foregoing macro-political indicators, there will be a need to determine such indicators for the 40 years to come. It is to be considered only natural that in view of the degree of maturity

Figure 1-6 Proportion of Population 65 Years Old and Over by Country



Source: Ministry of Health and Welfare, *Jinko tokei shiryoshu* (Latest Demographic Statistics), 1985.

* Figures for Japan from 1980 on are from Institute of Population Problems, Ministry of Health and Welfare, *Shorai jinko shinsuiki* (New Estimates of Demographic Trends), 1986.

achieved by Japan as a democratic nation, the target would not be as distinct and clear cut as in the previous eras. But as previously mentioned in the discussion regarding the Constitution, the spirit of the Preamble should be achieved during the 40-year period into the 21st century and this would unmistakably be a latent consensus of the people of Japan. To attempt expressing such a grand design, it would domestically be "to establish a welfare nation with vitality", and internationally be "to extend its international contribution" in terms of both human and material resources befitting a major economic power.

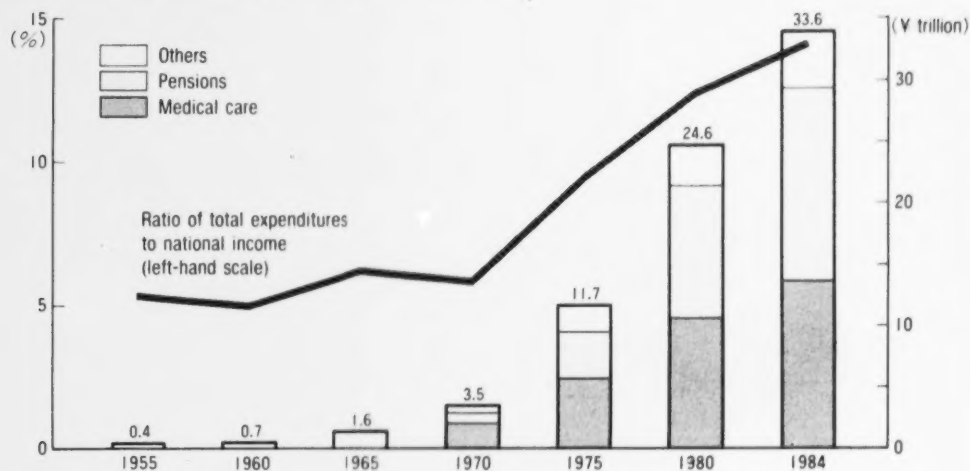
4. A Welfare Nation with Vitality

The term "a welfare nation" would necessarily be different regarding attention to be devoted to each individual citizen between

Japan (where in a confined territorial space some 120 million people must reside) and Sweden (where in a space 1.2 times larger, there are only 8 million people). In Japan, the "menu" for a program of welfare has barely been designed in recent years, and in the area of government as well as people's awareness there remains much to be learned from other nations of the world.

The 1986 White Paper by the Ministry of Health and Welfare indicates the average life span of the male and female population for the preceding year to be 74.84 years and 80.46 years respectively and that the ratio of persons over 65 years of age to the entire population would reach 1:4 in the 21st century. (See Figure 1-6). How to enable this aging population to "age in good health" is the major problem faced in health and welfare administration. The burden to be borne by the trea-

Figure 1-7 Social Security Expenditure



Source: Ministry of Health and Welfare, *Kosei hakucho* (White Paper on Health and Welfare), 1986.

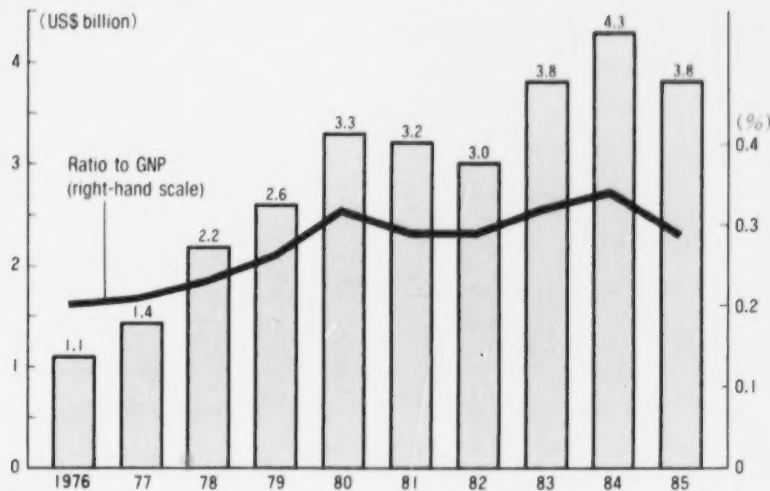
sure of the nation, including income guarantees in the form of pensions, will become substantial. (See Figure 1-7). Recent changes in household structures, particularly the increase in households with old-aged single persons or couples, together with the increase in female workers, have served to make it increasingly difficult to care for the aged. What kind of life and medical care can be extended toward such people cornered into positions where escape or relief is all but denied? The government is seriously coming to grips with this problem including projects for establishment of health institutions for the aged (such institutions capable of meeting "intermediate" requirements of daily living and medical care). The major project of having to re-design the lifestyles of the previous 50 to 80 years deserves attention as the most important political and administrative question to be faced by Japan. In this case

also, it is a matter of priority that Japan change from the usual posture of seeking efficiency and concentrating on self-centered values, and turn towards concern for those who are less fortunate both domestically and overseas.

5. International Contribution (e.g. ODA)

"The International contribution in human and material resources" to be undertaken in the coming 40 years is probably an area in which Japan is achieving progress. The budget for ODA (Official Development Assistance) has been increasing over the years (See Figure 1-8), and the aim is to further expand the total amount from 1986 to 1992 to over \$40 billion (or in other words, a most ambitious program seeking to have the budget for 1992 double that of 1986). The government is also seeking to speed up this program; to

Figure 1-8 Trends in Official Development Assistance



Source: Ministry of Foreign Affairs.

shorten the time span required from 7 to 5 years and to effect epoch-making increases in funds designed for grant aid and for loans. It is noteworthy that such aggressive policies are being pursued as exceptional measures in times when Japan is undergoing reductions in general administrative budgets (minus ceiling budgets) in efforts to recover from budgetary deficits.

Of course, from the huge trade surpluses gained by Japan, there should be room for further increases. But it remains a fact Japan's finances are suffering in deficit positions and the sourcing of such funds for overseas assistance needs to be established with the concurrence and support of the people. ODA places emphasis mainly on economic development projects such as expansion of social infrastructures. Thus, it would be difficult for recipient nations to officially

request cooperation in the field of health and welfare. It would be more expedient to follow the examples of European nations and rely on the vitality of NGO (Non-governmental organizations) for support. But as will be discussed later Japan is suffering economically from a so-called "Strong Yen Recession". From a micro-economic viewpoint, individual enterprises have been suffering from loss of physical endurance. There have been decreases in economic capability for NGO to render material assistance and cooperation which are no different from that experienced in other nations.

But with regard to manpower cooperation, the activities of JOCV (Japan Overseas Cooperation Volunteers) under the auspices of JICA (Japan International Cooperation Agency) is worthy of attention. The development of potential among young people, and pro-

gress to be achieved in international cooperation through such "grass roots" efforts, will surely result in Japan being awarded an "honored place in international society" as provided for in the Preamble of the Constitution.

6. Local Autonomy

The present Constitution has provided a chapter on local autonomy in an effort to revise the previous form of centralized authority. This can be construed as an effort towards further political democratization. With the Constitution taking root, there was the feeling of the advent of the "Era of local sectors". But the trend towards concentration of the population in the major urban areas has continued. Especially, Tokyo and its vicinity, being the center of information and activities related to international finance, has undergone rapid expansion. The concentration of population has attracted all types of service industries and resulted in steep rises in real estate costs. The government is cur-

rently seeking to achieve a "balanced development of the nation" by construction of major trunk highways and airports to prevent further depopulation of local areas.

On the other hand, the maturing of democracy in political and economic terms has resulted in the easing of centralized regulation. The activities of the "publicly elected prefectural governors" (officially appointed by the Ministry of the Interior before the end of World War II) have become prominent (an example would be the "One Village, One Specialty Product Movement"). If the concept of local autonomy can become further entrenched, this could cause enlivenment of community activities and of NGO activities where Japan has been lagging. In the field of welfare, the needs vary widely according to districts (for example, the ratio of elderly people differs from district to district) and it would be in this area that expectations can be placed on the activities of local municipal authorities and NGOs.

V. Industry/Economy

1. From an Industrial to an Information Society

The industrial structure of Japan has been advanced continuously after the War. But with the vast amounts of trade surpluses accumulated, there has arisen a requirement from within and from overseas for Japan to undergo structural readjustments (See Table

1-4).

Rises in wages and resulting weakening of competitive strengths in the international market, coupled with fluctuations in the foreign exchange market, has caused the change in industrial structure from primary to secondary industry. Especially noteworthy was the change from industries dealing with "heavy, thick, long and large" items to those dealing

Table 1-4 Net Domestic Product by Industry

(%)

	1975	1980	1985
Primary industry	6.0	4.4	3.6
Secondary industry	39.6	39.4	37.4
Manufacturing	29.9	30.4	30.0
Construction	9.7	9.0	7.4
Tertiary industry	54.4	56.2	59.0
Commerce	14.8	13.3	13.8

Source: Economic Planning Agency

Table 1-5 Food Supply and Demand, FY 1985 (1,000 metric tons)

	Productions	Imports	Consumption	Self-sufficiency ratio (%)
Vegetables	16,216	790	17,005	95
Rice	11,662	30	10,882	107
Fish, shellfish	11,453	2,255	12,175	94
Dairy products	7,436	1,139	8,346	89
Fruit	5,748	1,874	7,538	76
Meat	3,497	851	4,320	81
Wheat	874	5,194	6,101	14
Legumes	424	5,202	5,513	8
Barley	340	2,071	2,417	14
Raw sugar	299	1,823	2,074	14

Source: Ministry of Agriculture, Forestry, and Fisheries, *Poketto norn sushin toki* (Abstracts of Statistics on Agriculture, Forestry, and Fisheries,) 1987

with "light, thin, short and small" and tertiary industry coming into prominence. This is likely to be the advent of the information industry age. The transfer of capital can be accomplished fairly easily, but transfer of labor is difficult. In April/June, 1987, unemployment rates exceeded 3 percent of the working population, and though things have been improving a bit since then, it doesn't allow being optimistic yet.

In the primary industry of agriculture, there is the problem of increasing the import quota of beef and oranges. Rice, the staple diet and mainstay product of Japanese farming, is also under pressure from abroad for deregulation as will be discussed later. The fishing industry is having to face restrictions in the northern Pacific and from 200-mile coastal restrictions as enforced by each na-

tion and by the ban on whaling. Mining is also suffering setbacks by worldwide slumps being experienced by metal mines throughout the world and by the closing of coal mines.

The secondary industry slump can be exemplified by steel, shipbuilding, electrical and machinery typifying the "heavy, thick, long and large" product manufacturers. There are some instances of severe economic depression throughout an entire district community including sub-contractors. These communities in the past flourished as local exporters of crockery, cutlery, utensils and other specialty items. Due to sudden fluctuations in the foreign exchange situation, they have been cornered into a position from which there is little relief. In the case of small enterprise sub-contractors, there are many facing bankruptcy due to strains being shift-



The Japan Overseas cooperation Volunteers (JOCV) gives assistance to people in developing countries in many fields. Today more than 9,000 volunteers are working in a total of 34 countries in Asia, Africa, the Middle and Near East, Central and South America, and the South Pacific region. Shown in the photographs are volunteers working in Ghana.

ed on to them from their parent or primary contractor companies.

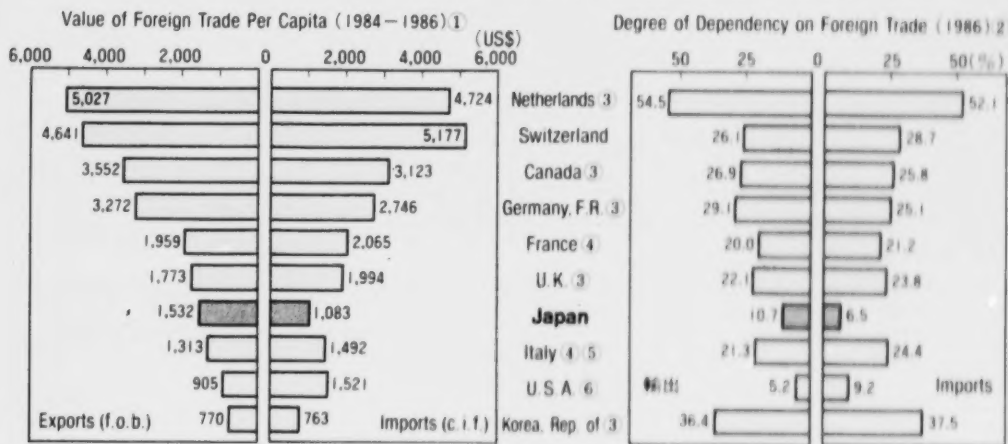
The main problem lies in whether workers being discharged from the foregoing problem industries can be absorbed by the "high tech" and tertiary industries engaged in distribution and services. There would be the problem of training and education of workers to be overcome, as well as their redeployment. There are already many instances of employees being transferred to new positions many miles away from their family members and dependents, as well as problems regarding schooling for the children.

The problem of rice deregulation is a

major political problem since the farming population has traditionally been a major source of votes for the ruling Liberal Democratic Party. The consumer population is averse to having to pay for domestic rice which is several times higher in price than imported rice. But the concern over the ratio of self-supporting capacity in food (See Table 1-5) and the experiences of famine suffered during and after World War II serve to foster the feeling for maintaining the capacity to supply rice as a minimum. The government is having the Agricultural Policies Commission conduct studies with the consensus of the people, and is planning for a step-by-step improvement and correction of this problem.

2. Trade

Japan is lacking geologically in supplies of

Figure 1-9 Value of Foreign Trade Per Capita and Degree of Dependency on Foreign Trade

Note: ① Average trade values (1984-1986) divided by 1985 estimated population. ② Calculated by dividing trade values by GNP. ③ 1985. ④ 1984. ⑤ 1983-1985. ⑥ F.a.s. basis for export of U.S.A.

Source: *Comparative International Statistics*, 1987, Bank of Japan

Table 1-6 Balance of Payments by Country, 1985 (US\$ million)

	Current balance Total	Current balance Trade	Capital balance	Total change in reserves
Japan	49,170	55,990	-53,530	-290
W. Germany	13,760	28,660	-16,600	-5,640
U.K.	5,341	-2,284	-7,975	-3,508
France	907	-4,532	1,413	-5,677
USA	-117,760	-124,440	100,380	-8,210

Note: Because the figures for Japan, the United States, and West Germany were originally in billions of dollars, the final digits are unknown; they are therefore given here as zero.

Source: International Monetary Fund, *International Financial Statistics*, November 1986

natural resources and is faced with a need to purchase living necessities, raw materials and fuel from the proceeds of exports of manufactured products. The only way she could maintain this situation was acquisition of foreign exchange funds by export sales. But what was primarily destined to be exports to cover imports became an effort to conduct exports as a national policy, based on a so-called "mercantile" posture designed to accumulate foreign exchange. This resulted in competition to expand facilities and capacity relying on overseas markets as sales

outlets. The per capita export volume in monetary values however, is not excessively high and the degree of reliance on exports is low (See Figure 1-9). The actual situation consists of Japan's trade surpluses becoming conspicuous due to recent worldwide erosion of crude oil prices. Thus, there are many who assert that this phenomenon of trade surpluses may change at any time and Japan, being poor in natural resources, should never forget the virtues of frugality. Others also point out that since there are many in the world that are suffering from hunger and



The decline of primary industry:
The once prosperous Chikuhō coal mines are now in ruins
and overgrown with vegetation.

starvation, it is not proper that the Japanese alone should be allowed extravagances. Even so, trade surpluses amounting to \$90 billion per year form a phenomenon that cannot be overlooked and neglected. It is not going to be easy to change over from the hitherto existing state of reliance on export sales. But to achieve stability for the entire world economy, there would be no alternative other than to revise from the very foundations the paradigm of "National Survival Through Trade".

But these amounts of trade surpluses are being recycled in the form of long term capital and offset against each other, and in fact are supporting the economies of both advanced and developing nations (See Table 1-6). As of the end of 1986, this overseas credit had

exceeded \$180 billion. To continue in this form would be indeed hazardous, and as mentioned previously, Japan is facing the problem of hollowing out of her industries as well as rapid increases in unemployment.

So what would be best for the future at this stage? For improving the balance of payments with the United States, a weakened dollar would be effective. But the United States needs to import products that she is currently producing overseas, so that there would be limitations as to the effects of a weakening dollar and for the trend to progress too far would cause a worldwide depression. For Japan too, there would be little competitive edge whatever if the dollar were to fall below the level of say 130 yen; and it would be a problem of utmost urgency for all nations including Japan to work toward having the dollar stabilize at an appropriate

level. For the United States to cut down on her financial deficits would curb excessive spending both in the public and private sectors and this, in turn, would decrease her trade deficits. Japan is already conducting an extensive financial mobilization (construction bonds) as an emergency measure seeking to expand domestic demand as well as the ODA program.

3. Finances

The trend toward achieving a smaller, cheaper government narrowing down the range of administrative intervention, and in turn encouraging increased participation and activity on the part of private interests, has become pronounced since 1980. But the amount of government bond issues outstanding continues to be high in comparison to other nations and the funds required to service government debts amount to 20 percent of the national budget. Thus the issue of construction bonds designed to expand domestic demand was a change in policy which the government had to take. (The prospect to extricate the nation from deficit bond issuance by 1990 are not necessarily certain). An attempt was made to achieve a tax reduction by correction of inequitable features in the existing income tax system and by adjusting the ratio between direct and indirect taxes to a level corresponding to those existing in other nations. The latter move consisted of setting up a sales tax in the form of a value added tax. But this met with wide scale objection from opposition parties

both within and outside of the Diet, causing the ruling party to start it all over again.

As mentioned previously, the society of the aged developing into the 21st century will require some means of assuring availability of funds for social security needs. Purchases of real estate are already causing problems both domestically and overseas. An excess of private funds is being funnelled into securities investments which have caused an all time high for the stock market. There is a definite need for these funds to be absorbed (by taxation or issue of bonds) and harnessed for the purpose of restoring national finances to a sound and healthy basis. Setting up a consumption tax of a low percentage but to cover an extensive range, to be utilized for welfare purposes and for international contributions may be more palatable for the general taxpayers than a high-percentage sales tax with numerous exemptions.

4. Livelihood of the People

The standard economy for Japanese households is as per Table 1-7 with spending for food out of total disposable income amounting to merely 20%, the second lowest after that of the United States. Ratio of savings (16.1%) is extremely high in comparison to other nations (West Germany 11.6%, France 10.1%, U.K. 7.8% and U.S.A. 6.6%). This is due to the trend in the past of Japanese to save in preparation for housing, education and retirement. As discussed in the foregoing, there have been discussions in support of and opposed to this trend. Ratios of spending in

Table 1-7 Japanese Household Accounts (1986)^{a)}

	Amount per Month	
	Yen	US\$ ^{b)}
Income	452,942	2,688
Regular ^{c)}	291,751	1,731
Temporary & bonuses ^{c)}	81,517	484
Disposable Income	379,520	2,252
Living expenditure	293,630	1,742
Food	74,889	444
Housing, fuel & light	31,127	185
Clothing & footwear	20,554	122
Medical care	6,985	41
Education	13,118	78
Reading & recreation	26,142	155
Propensity to save	16.0% ^{d)}	

Note: a) For salaried worker households

b) US\$1.00 = ¥168.52

c) Household head only

d) 1985

Source: Prime Minister's Office, Bank of Japan

the area of education, culture and recreation are expected to increase. Education costs are expected to continue rising, and as will be mentioned in a later passage on education, the extra-classroom training institutions and so-called "cram" schools will continue to prosper in the future for young infants onward.

Time being allocated toward recreation and hobbies is on the increase due to more spare time and the 5-day working week. According to a 1985 survey, 40% of those surveyed, and as high as 60% of those in their twenties, expressed their desire to see further increases. There have been accusations levelled at Japan "overworking" and this can be seen from the comparison of net working hours by factory workers (Table 1-8). Working hours are high in comparison with other advanced nations, and the government is

seeking to reduce this to 40 hours per week. Apart from the problem of cutting down on work hours, there is a need to mention the "Equal Employment Opportunity Law (formerly known as the "Law concerning the Promotion of Equal Opportunity and Treatment between Men and Women in Employment and Other Welfare Measures") which became effective in 1986. The problem still remains in that this is a law with provisions that are a target for best efforts over the future without penalties. However, during the year it has been in effect, it has become important with the increase in married women seeking jobs. It has provided, momentum in improvements in the form of protective measures (leaves for childbirth and infant nursing) for mothers. Role-sharing between men and spouses in the household regarding education and nursing of infants as well as caring for the aged are important factors that have been brought to the fore.

But the most important problem in the livelihood of the people would be housing. With recent spiralling increases in real estate prices, it has become impossible for the general salaried worker to own a home in the central downtown area. 20% of people commuting daily into Tokyo have a 2-hour journey each way. Payment on housing loans amounts to 14.6% of disposable income and is constituting a major burden. Quality of housing remains a problem. While availability of sufficient space remains a problem that cannot readily be solved, there are other problems such as construction of sewerage facil-



Kabuki is traditional Japanese drama and is performed in a highly stylized manner.

It originated in the Edo period, also known as the Period of Seclusion.

Table 1-8 Weekly Working Hours by Country

	Japan	U.K.	USA	France	W.Germany
1981	43.2	39.8	37.4	38.8	37.1
1983	43.3	40.3	37.5	37.4	36.1
1985	43.6	40.7	38.0	37.2	36.5

Note: Figures are for production workers in manufacturing industries
Source: Bank of Japan, *Kokusai hikaku tokui* (Comparative International Statistics), 1986

ities and other infrastructures which the government (both central and local) should be

undertaking.

VI. Culture

1. Formation of a Unique Culture

The culture of Japan has been cultivated over a period of several thousand years and has permeated the body and soul of the Japanese people. There are those who deny

such originality by pointing out the original source (derived from overseas) of our culture, but there is no doubting the fact that a unique culture has been cultivated since recorded history as a result of encounters with foreign cultures in arriving at what is regarded as the Japanese culture of today. In the era of inter-

nationalization that is to come, if efforts are to be continued in introducing our culture to nations around the entire world, it is certain that such efforts will meet with appreciative responses.

2. Outline of Cultural History

The following is a look at the process of formation of Japanese culture over four periods of history.

(1) Period of Adopting Culture from the Continent. There is no doubting the fact that interchange with the Mainland Continent had been taking place from pre-historical times. But, from 538 A.D., when Buddhism was officially recorded as having been transmitted to Japan, up to 894 A.D. when the system of Kentoshi (the periodical dispatching of envoys from Japan to Mainland China) was discontinued, adoption of foreign culture from the Continent was continued with zeal accompanied by visits of numerous technical experts who came from Mainland China directly or via the Korean Peninsula (with Japan being the terminus of the "Silk Road"). The advanced culture and civilization of the Continent which had reached the stage of maturity at this time began to enrich Japan from about the 4th century when she had reached the stage of unification and founding as a nation. Following the transmission of Buddhism, the Reformation of Taika in 645 A.D. resulted in adoption of a centralized form of government patterned after China. Kanji (Chinese characters) were also adopted and put to use in recordings of historical

events (as exemplified by *Kojiki* and *Nippon Shoki*) and in literature (*Manyoshu*).

(2) Period of Formation of Indigenous Culture. With the dispatching of envoys to China being discontinued in the late 9th century, Japan began the task of forming her own indigenous culture. This is the period beginning from the Heian Era with the Fujiwara Regency, through the Eras of Samurai rule that are the Kamakura, Muromachi and Azuchi Momoyama Eras up to the period of stabilized rule established by Tokugawa which featured a policy of seclusion, with Japan's doors closed to all foreign powers with the exception of Holland. It was during this period that "Kana", which has become the alphabet for Japan, was completed. The *Genji Monogatari* was written in the beginning of the 11th century as previously mentioned. Kana is unmistakably a transformation into a Japanese version of Kanji and such efforts to turn to Japanese tastes and preferences (in later years, the tastes of the leading class namely the samurai) bore fruit in areas other than in literature such as Buddhism, architecture and painting. Tea ceremony, flower arrangement, Noh plays and *Ningyo Joruri* (puppet ballad drama) and other products of pure Japanese culture originated in this period.

(3) Period of Seclusion. The so-called Edo Era which lasted up to the Meiji Restoration and opening up of Japan (in 1868) corresponded to the Period of Great Navigation throughout the world. Japan happened, for good or for evil, to opt for keeping her doors

closed and went through a period of undisturbed peace and tranquility. This was, however, a period during which the cultural elements thus far cultivated were further refined into a Japanese form. The aforementioned "haiku" was born during this period as was "Kabuki", regarded as the essence of Japanese culture. It was a period that saw the comprehensive compilation of a culture peculiar to Japan.

(4) After the Meiji Era. The period of 120 years has been discussed divided in terms of political history into three periods, namely beginning from the Meiji Restoration in 1868, through the end of World War II, and 40 post-war years. In terms of cultural history however, the period can be summarized as one of westernization and modernization. Yet even during this period, the spirit of "Wakon Yosai" (literally, Japanese soul with Western learning) was maintained. This was due in part to the leading figures in all fields (such as Eiichi Shibusawa and Ogai Mori), but due also to the strong capability for resistance against the overpowering, modernized culture of Western Europe that was built up during the preceding Period of Seclusion without any disturbance or interruption from outside sources. This is the reason why the Period of Seclusion was assessed as being "for good or for evil" in the foregoing.

3. Education

The post-war educational system was patterned after the United States, but the government is relying on a Commission to

conduct an overall review for revision. Let us touch upon education as related to culture, in particular the differences between the educational systems of Japan and the United States. Japan is currently reconsidering its system with a view to emphasis on individuality and fostering of creativity in place of the system concentrating on training for entrance examinations centered on only rote memorization. Conversely, in the United States, there are learned persons who see the economic progress and development achieved by Japan as being the product of her unique educational system and are pointing out the importance of basic education including memorizing. Both systems have their strengths and weaknesses. But the fact that Japan was able to catch up and achieve the modernized cultural levels of Europe and the United States within such a short time since the Meiji Era can be said to be due to the diffusion of normal level education since the Period of Seclusion. The ratio of males with literacy then was 45% and for females 15%, both high levels, and it is said that there were as many as tens of thousands of so-called "terakoya" (literally "temple schools") which correspond in a way to the private cramming schools of today. This tradition of zeal for education has resulted in the evils such as the "entrance exam hell" which exist today and the abnormal state of so many cramming school and other tutoring institutions (See Table 1-9). This tendency prevails from the time children are in nurseries and kindergartens and is turning out to be damaging to

Table 1-9 After School Studies, 1985

	Home tutors		Tutoring centers		Hobbies ^a	
	Elementary school	Lower secondary school	Elementary school	Lower secondary school	Elementary school	Lower secondary school
Ratio of students involved (%)	1.0	5.4	16.5	44.5	70.7	27.4
Monthly expenses (¥)	14,600	18,700	7,800	10,200	5,700	5,000

Note: a. Includes abacus and foreign languages.

Source: Ministry of Education.

their proper upbringing. Educational reform designed to direct this extraordinary energy into more productive channels would be an essential factor in assuring a bright future for Japan.

A specially important factor for education in Japan would be "internationalization". This would consist of providing education for the Japanese befitting an era of increased international exchange on the one hand, and at the same time, schools, as well as society, fully opened for foreign students coming to study in Japan. "International Cooperation regarding Manpower Cultivation" which was widely discussed at one time apparently continues to be widely in demand overseas. The government is aggressively planning to increase students from overseas to 10 times the current number in a period of 10 years. Foreign students are on the increase, but in comparison to the 300,000 students being received from overseas by the United States and 100,000 by France, Japan is receiving only 10 to 20% of the latter, and this number is only half of the total number of Japanese students studying overseas. (See Figure 1-10). To materialize the ambitious planning of the government, it is necessary to have Japan's universities become open and more appealing

to attract foreign students. At the same time, it is a problem of urgency that not only the government, academic and industrial communities but also all Japanese people assume a posture of welcoming foreign students coming for studies to Japan.

4. Religion

Religion is closely connected with cultural history and at the same time, there are many aspects in which the position of Shinto is misunderstood by foreigners. The following will deal with both these factors.

Buddhism was officially introduced into Japan in the 6th century and we have observed how it gradually transformed into a Japanese version and contributed to the progress and development of art and handicraft. In contrast, Shinto has been the religion of the Japanese race from early days, and to this day it continues to compete with Buddhism in the number of its institutions and followers. (See Table 1-10). Many followers of Buddhism having a household altar also have a separate altar for ancestral worship. The birth of a newborn child into the family will be the occasion for the family to pay respects to the shrine that they respect as their guardian gods. The New Year season is the time



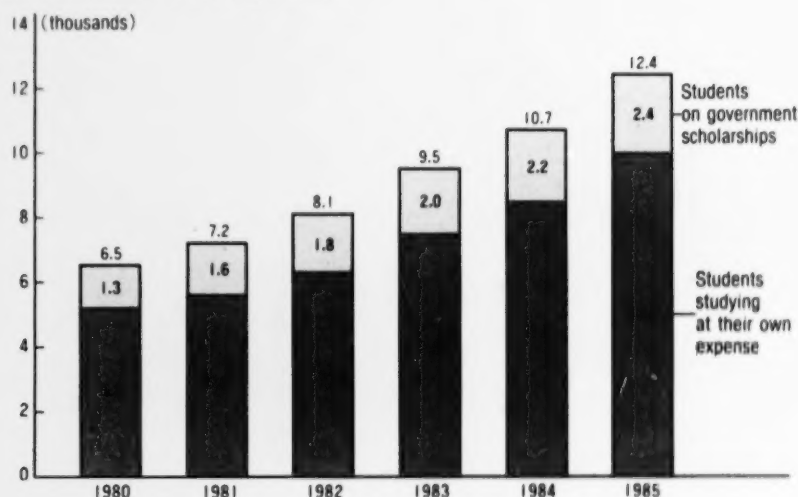
As the entrance exams at prestigious Japanese schools becomes increasingly difficult, many school children attend "Juku", or cram school as shown in the photograph. Due to these exams, also known as "Examination Hell", the Juku business is flourishing all over Japan.

for the entire family to worship at the same shrine for the year's first visit. The grand festivals of both the spring and fall seasons are occasions for the entire community to participate. It is common and felt natural for the same family to conduct weddings at Shinto shrines and funerals as Buddhist rituals. Since it was first introduced in the 6th century, Buddhism had the strong support and protection of the government. Yet by the 8th century, there were trends toward the synchronization of Buddhism and Shintoism, and by the 9th century, the Honji-Suijaku theory was propounded. According to this theory, Shinto deities are manifestations of Buddhist deities. India is, so to say, the land of their origin (honji) and Japan, the land where they make their appearance for some time leaving traces of passage (suijaiku). This

form of co-existence was possible because Shinto has neither strict religious doctrines nor precepts (later in the 13th century and in the 15th century, efforts to systematize Shintoism took place, but did not progress to the degree of putting it in a commanding position). It remained a racial religion that was tolerant, merely seeking abundance of crops and respect for the ancestors. It would appear that the Japanese people felt a familiarity with polytheistic relativism in preference to monotheistic absolutism which set up a strict differentiation between good and evil.

In discussing religion in Japan, we cannot overlook two major factors. One is that Shintoism, regarded as a "way of life" in Japan was, at one time during the period of

Figure 1-10 Number of Foreign Students



Source: Statistical Abstract of Education, Science, and Culture 1986, Ministry of Education

militarism, afforded the status of a state religion. The other is that Confucianism has formed the backbone of ethics for the leaders of Japan since the Tokugawa Era up to this day. (Eiichi Shibusawa went as far as to declare that "Corporate management should be conducted with the "Analects of Confucius in hand").

5. Discussion about the Japanese People

Due perhaps to having overcome the oil crisis on two separate occasions, the corporate management philosophy and practices of Japan have come to attract worldwide attention. Discussions relative to the Japanese people have come to flourish both within and outside Japan. There have been made such observations as a "vertical society", a "tendency toward *Amae* (dependency)", and an

"emotional society lacking in logic", etc. All of these are based on characteristic differences of Japanese individuals (some refer to this as being "contextual" as opposed to "individual" in the western society) which have been incorporated into the culture and day-to-day human relations by a group of homogeneous people living together in a limited territorial space. Japanese management featuring small group activities (as in quality control circles), long term corporate strategy with emphasis on the well-being of the corporation, and management with due consideration to human needs, at one time gained the praise of the entire world. Yet most of these features are forms of Japanese management based on dealing with a unique group of employees and their outstanding corporate loyalty which are contextual. Once there arises a change in the framework of the

Table 1-10 Religious Statistics on Japan (As of end 1985)

	Total Religious Bodies	Religious Organization	Instructors		Followers (1,000)
			Total	Non-Japanese	
Shinto and related religions	90,832	85,835	102,032	21	115,602
Buddhism	84,613	77,422	269,470	120	92,065
Christianity	8,616	3,614	21,503	4,067	1,688
Other religions	42,027	16,192	252,834	141	14,444
Total	226,088	183,063	645,839	4,349	223,799

Source: Agency for Cultural Affairs, Japan, *Yearbook on Religion*, 1987

environment, the system of lifetime employment and seniority begins to lose its luster even in Japan.

The Imperial Rescript on Education, which formed the basic guideline for education in the pre-war days, consisted mainly of standards of action based on Confucianism governing relations with fellow humans. Though generations have come and gone since that time, the values that are held dear to the minds of the people do not change rapidly

overnight. The formalities practised by the Japanese (greetings and exchange of gifts) which are subject to criticism from time to time are what have grown over many years of history to cement the closely knit vertical and horizontal human relations and dealings. Together with the continued usage of polite and honorific expressions these are problems which, for better or for worse, lie at the base of Japanese culture.

VII. Conclusion

Visitors to Japan comment without exception that Japan is a place where the old and the new are co-existent. The duality of indigenous and foreign-derived cultures, and the repeated encounters of both cultures have been mentioned already in this sense. It is because of this duality that we have continued to feel in solitude the discomforts in dealings and association relative to the international community. We have rushed through a period of many problems and difficulties with our actions tending to border on

ambiguity lacking any continuity of logic. This duality contains inconsistencies, with bright and cheerful inquisitiveness on the one hand, and a darkened sense of solitude relative to human interchange and dialogue on the other. It is high time that we shook ourselves loose of the excuse that we have used all too frequently in the past, of "we are unique". We should be considering it our mission to be devoting increased efforts to international interchange, to introducing this culture, difficult though it may be, to the

world, and thereby add the variety and color to human culture which, after all, is a legacy to be inherited commonly by the entire world.

The efforts of modernization under the Meiji Restoration were conducted under the slogan of "Japanese soul with Western learning" which barely enabled us to retain our uniqueness, our identity and homogeneity. Today, we face the need for a different slogan. We must ask ourselves the questions, "What is the Japanese soul that now remains?" together with "What is the Western learn-

ing on which must now rely?" We must avoid the tendency toward the "Japanese soul" that causes mere stubbornness (and there are some who have concern over the uprising of a "New Nationalism"). We must devote efforts toward sublimation of the Japanese soul so that it will be in harmony with the ever narrowing space and family of nations. We are also on the threshold of a new century in which we must contribute generously to the entire world by "Japanese technique" which is now no longer "Western learning".

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Chapter 2

Disabled Persons in Japan

I. Outline

From the year 1951, nationwide surveys of physically disabled people aged 18 years and over have been conducted every 5 years in Japan. But there has been strong resistance against such surveys both on the part of the disabled persons themselves and their families, who assert that these surveys constitute a violation of human rights and privacy. Particularly, no surveys of mentally disabled (mentally ill and mentally retarded) people, have been conducted since 1963. Surveys of mentally retarded people were also discontinued after 1971. Surveys of physically disabled persons conducted at 5-year intervals had to be omitted for 1975, but were reinstated once more from 1980, with the most recent survey being conducted in 1987 which included those under 18 years of age.

Due to the above circumstances, the following steps are being taken when compiling reports based on surveys by the administrative branch of the government on the number of disabled persons.

- 1) The numbers of physically disabled people have been based on the 1987 Survey on Physically Disabled Adults and

Children.

- 2) The numbers of mentally disabled persons are based on estimates from the 1963 Survey on Mentally Disabled Persons and on the rates of increases in the total population.

Thus, the numbers of disabled persons in Japan are estimated as follows.

○ Physically disabled persons of 18 years of age and over (living at home)	2,413,000
○ Physically disabled persons of 18 years of age and over (in institutions)	93,000
○ Physically disabled persons of under 18 years of age (living at home)	92,500
○ Physically disabled persons of under 18 years of age (in institutions)	13,000
○ Mentally disabled persons (Of which mentally retarded persons, see note)	1,562,000 (504,000)
TOTAL	
4,173,500	

(Note) The number of mentally retarded people in the above is estimated from the 400,000 reported in

the 1963 survey results. But in the 1971 Survey on Mentally Retarded Adults (and Children), this number was estimated at 356,300.

Regarding chronic and intractable diseases, the Law for the Welfare of Physically Disabled Persons of Japan does not acknowledge people as being disabled solely due to the fact that they have a chronic disease. In Japan, as in other nations, there are institutions designed for undertaking measures to handle special diseases, and there are certain cases that could possibly be ruled as being eligible to receive disability pensions. But people suffering from disabilities of such severe degrees would most likely be included in the aforementioned numbers of disabled persons. The number of disabled persons in Japan is estimated at about 4.2 million persons, or about 3.5% of the total population.

The definition of a disabled person in Japan is provided in the Law for the Welfare of Physically Disabled Persons and there are further evaluation standards establishing the severity of the impairment in the form of ratings from Grades 1 through 6.

Extent of Physical Impairment

A) Permanent visual impairment as listed in the following :

- 1) Visual acuity (as measured in accordance with the International Vision Test Chart and measured degree of correctability ; hereinafter the same) of both eyes being 0.1 or less
- 2) Visual acuity of one eye at 0.02 or less and the other at 0.6 or less
- 3) Visual field diameter 10° or less of both

eyes

- 4) Visual field defect more than 50% of both eyes
- B) Permanent hearing impairment or impairment of balance function as listed in the following :
- 1) More than 70 dBHL in each ear
 - 2) One ear more than 90 dBHL, the other more than 50 dBHL
 - 3) Less than 50% of hearing capability
 - 4) Severe impairment of balance function
- C) Impairment of voice, speech or mastication function
- 1) Total loss of voice, speech or mastication function
 - 2) Severe and permanent impairment of voice, speech or mastication function
- D) Impairment of the limbs or trunk as listed in the following :
- 1) Severe and permanent impairment of one upper limb, one lower limb or trunk
 - 2) Loss of the thumb of one upper limb upward of the knuckle joint or loss of two or more fingers of one upper limb including the forefinger upward of the knuckle joints
 - 3) Loss of one lower limb upward of the lisfranc joint
 - 4) Loss of all toes from both lower limbs
 - 5) Severe impairment of the thumb of one upper limb or severe and permanent impairment of three or more fingers of one upper limb
 - 6) In addition to the factors as listed in the foregoing, other impairments that are acknowledged to be of degrees higher

Figure 2-1 Categorizing of Different Disability by Year

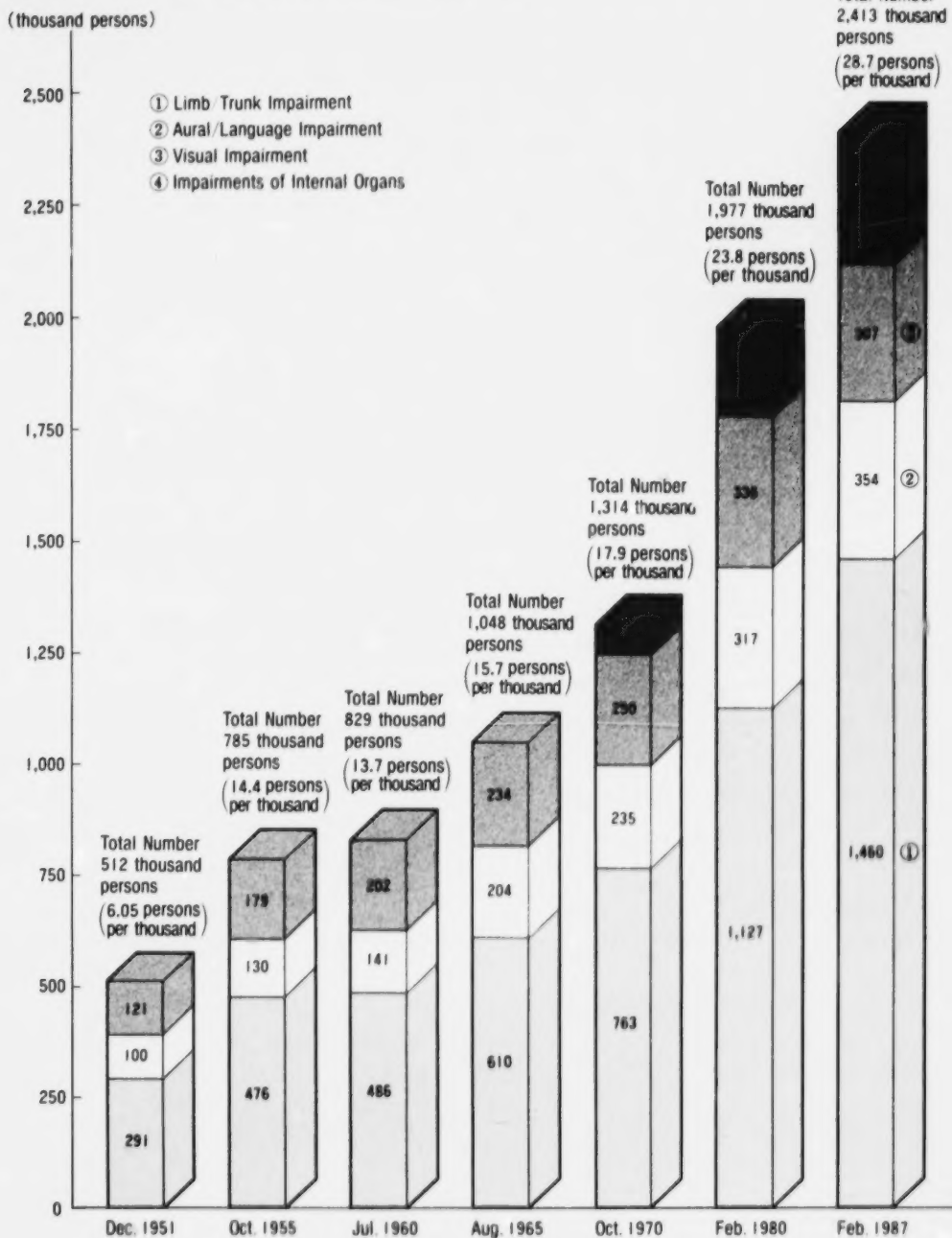


Table 2-1 Total Number of Physically Disabled People

	Number in Thousands						Ratios to Total (%)					
	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment
1951	512	121	100	291	—	—	100	23.6	19.5	56.9	—	—
1955	785	179	130	476	—	—	100	22.8	16.6	60.0	—	—
1960	829	202	141	486	—	44	100	24.4	17.0	58.6	—	5.3
1965	1,048	234	204	610	—	215	100	22.3	19.5	58.2	—	20.5
1970	1,314	250	235	763	66	121	100	19.0	17.9	58.1	5.0	9.2
1980	1,977	336	317	1,127	197	150	100	17.0	16.0	57.0	10.0	7.6
1987	2,413	307	354	1,460	292	156	100	12.7	14.7	60.5	12.1	6.5

Note: The increase recorded for Internal Impairment is due to changes in defining "Internal Impairment". This was effected in 1980 and includes 37,000 persons suffering from bladder and rectal disorders (from 1984) and small intestine disorders (from 1986)

	Comparison with Previous Survey					
	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment
1951	—	—	—	—	—	—
1955	153.3	147.9	130.0	163.6	—	—
1960	105.6	112.9	108.5	102.1	—	—
1965	126.4	115.8	144.7	125.5	—	488.6
1970	125.4	106.8	115.2	125.1	—	56.3
1980	150.5	134.4	134.9	147.7	298.5	124.0
1987	122.1	91.4	111.7	129.5	148.2	104.0

than the impairments as listed in 1) through 5) of the foregoing.

- E) Impairments of the functions of the heart, kidney, respiratory organs, bladder, rectum and small intestine, that are permanent, and acknowledged as being of a degree to cause extreme limitations in daily living.

In the case of mental disability, particularly in cases of the mentally retarded, there are no explicit definitions in law. Neither has any consensus been reached regarding standards by which impairments are to be assessed. This is one of the factors which make the survey of mentally disabled persons difficult.

II. Physically Disabled People 18 Years of Age or Over

According to the February 1987 survey, it is estimated that there are 2,413,000 persons of 18 years of age or over (2.7% of the total population) who are physically disabled (and

residing at home). This was the first survey since the survey conducted in 1980 and the above total was an increase of about 22% from the total of 1,977,000 persons (2.4% of

Table 2-2 Breakdown of Disability showing Age Groups

	Total	Sex		Years							
		Male	Female	18~19	20~29	30~39	40~49	50~59	60~64	65~69	70~
Feb. 1987 (ratio)	(thousand persons) 2,413 (100%)	1,356 (56.2)	1,057 (43.8)	8 (0.3)	78 (3.2)	182 (7.5)	269 (11.1)	483 (20.0)	326 (13.5)	312 (12.9)	756 (31.3)
Feb. 1980 (ratio)	(thousand persons) 1,977 (100%)	1,134 (57.4)	843 (42.6)	11 (0.6)	86 (4.3)	135 (6.8)	260 (13.2)	417 (21.1)	240 (12.2)	268 (13.6)	558 (28.2)
Rate of Increase	122.1%	119.6	125.4	72.7	90.7	134.8	103.5	115.8	135.8	116.4	135.5
Breakdown of Feb. 1987 Survey	Visual Impairment (ratio to total)	307 (100)	141 (45.9)	166 (54.1)	0 (0.0)	9 (2.9)	16 (5.2)	29 (9.4)	53 (17.3)	37 (12.1)	122 (39.7)
	Aural Language Impairment (ratio to total)	354 (100)	199 (56.2)	155 (43.8)	1 (0.3)	11 (3.1)	33 (9.3)	27 (7.6)	52 (14.7)	33 (9.3)	159 (44.9)
	Limb/Trunk Impairment (ratio to total)	1,460 (100)	852 (58.4)	608 (41.6)	7 (0.5)	49 (3.4)	110 (7.5)	168 (11.5)	298 (20.4)	208 (14.2)	422 (28.9)
	Internal Impairment (ratio to total)	292 (100)	163 (55.8)	129 (44.2)	0 (0.0)	8 (2.7)	23 (7.9)	45 (15.4)	80 (27.4)	48 (16.4)	54 (11.6)
	Multiple Impairment (ratio to total)	156 (100)	94 (60.3)	62 (39.7)	1 (0.6)	5 (3.2)	7 (4.5)	15 (9.6)	24 (15.4)	18 (11.5)	69 (44.2)

the total population) as established by the previous survey.

(Note) This survey dealt only with physically disabled persons residing at home and therefore the additional 93,000 persons undergoing therapy in institutions would increase this to 2,506,000.

Since 1951, results of 7 surveys for physically disabled persons of 18 years of age or over have been obtained (Figure 2-1).

A look at results of the latest survey reveals that limb/trunk impairment constitutes 60% of the total; aural/language impairment, 15%; visual impairment, 13% and impairment of internal organs 12%. In comparison with results of the previous survey, impairment of internal organs recorded the largest increase of 48.2%; limbs/trunk, increased by 29.5%; and aural/language, by 11.7%; but visual impairment decreased by 8.

6%. (See Table 2-1)

(Note) The prominent increase in impairment of internal organs was due to expansion of the definition of the same. Since, heart and respiratory organ impairment was first included in 1967 in the list, impairment of the kidneys was added in 1972, bladder and rectum in 1984 and small intestines in 1986, expanding the scope of this category.

With regard to the decrease in cases of visual impairment, it is believed that this is due to advances in medical therapy, such as preventive and therapeutical measures for trachoma and other infectious diseases, treatment of cataracts and in particular, the increasing availability of contact lenses, diagnostic therapy of diabetes for prevention of blindness and other measures have all contributed to prevention of eye troubles.

A breakdown of physically disabled per-

Table 2-3 Ratio showing Disability in Total Population by Age Groups (per thousand)

(Unit: persons)

	Total Number	18~19	20~29	30~39	40~49	50~59	60~64	65~69	70~
Feb. 1987	26.7	2.2	4.9	9.1	15.7	31.7	56.9	72.9	88.0
Feb. 1980	23.8	3.5	4.9	7.0	16.0	33.7	55.8	68.7	87.6
Rate of Increase	112.2	62.9	100.0	130.0	98.1	94.1	102.0	108.1	100.5

(Referential Data) Trends in Total Population by Age Groups

(Unit: 1000 persons)

	Total Number	18~19	20~29	30~39	40~49	50~59	60~64	65~69	70~
Population Estimate (as of Oct. 1, 1986)	90,437	3,710	15,862	19,940	17,085	15,237	5,731	4,282	8,588
Population Estimate (as of Oct. 1, 1979)	83,113	3,136	17,405	19,403	16,220	12,377	4,298	3,899	6,374
Rate of Increase	108.8	118.3	91.1	102.8	105.3	123.1	133.3	109.8	134.7

Table 2-4 Breakdown of Disabilities, showing Types and Degrees of Impairments

	Total Numbers								Ratios to Total							
	Total	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Not clear	Total	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Not clear
Feb. 1987	2,413	475	448	408	458	326	236	62	100	19.7	18.6	16.9	19.0	13.5	9.8	2.6
Feb. 1980	1,977	293	355	337	381	265	244	101	100	14.8	17.9	17.0	19.3	13.4	12.4	5.1
Rate of Increase (%)	122.1	161.1	126.2	121.1	120.2	123.0	96.7	61.4	100	133.1	103.9	99.4	98.4	100.7	79.0	51.0
Breakdown of Feb. 1987																
Visual Impairment	307	107	66	30	23	30	44	8	100	34.9	21.5	9.8	7.5	9.8	14.3	2.6
Aural Language Impairment	354	28	90	65	66	2	91	12	100	7.9	25.4	18.4	18.8	0.6	25.7	3.4
Limb/Trunk Impairment	1,460	188	291	246	308	294	100	33	100	12.7	19.9	16.9	21.1	20.1	6.8	2.3
Internal Impairment	292	154	1	67	80	—	—	10	100	52.7	0.3	22.9	20.5	—	—	3.4
Multiple Impairment	156	55	37	25	15	10	4	10	100	35.3	23.7	16.0	9.6	6.4	2.6	6.4

Note: Previously, grade of impairments was upgraded one grade only when multiple impairments were of the same grade. By revision of grading standards of 1984, multiple impairments are classified one grade higher even if not the same grade.

sons by age groups reveals that the group of 70 years and over exceeds 31% of the total and is the highest, with numbers decreasing in the younger age groups. The ratio between the age groups of 65 years and older and those 64 years and under is 55.8% to 44.2%. From the previous survey, the increase in physically disabled persons in the age group of 70 years and over was most prominent

followed by those in their thirties, while those in their twenties recorded decreases.

A further breakdown of each age group by types of impairment reveals for the 70 year age group, 44.9% suffer from aural/language impairments; 39.7% from visual impairments while the ratios of limb/trunk impairments and impairment of internal organs are lower in comparison, 28.9% and 18.5% respectively.

Table 2-5 Breakdown of Disability by Cause

	Total	Accident					Disease						Not Clear
		Traffic Accidents	Labor Accidents	Other Accidents	Wartime Injury and Illnesses	Sub-total	Infectious Diseases	Toxic Diseases	Other Diseases	Injury at Birth	Other	Sub-total	
Feb. 1987	2,413 (100)	121 (5.0)	223 (9.2)	157 (6.5)	92 (3.8)	592 (24.5)	114 (4.7)	9 (0.4)	1,192 (49.4)	83 (3.9)	220 (9.1)	1,627 (67.4)	194 (8.0)
Feb. 1980	1,977 (100)	92 (4.7)	177 (9.0)	119 (6.0)	97 (4.9)	485 (24.5)	91 (4.6)	8 (0.4)	841 (42.5)	70 (3.5)	252 (12.8)	1,262 (63.8)	230 (11.6)
Rate of Increase	122.1	131.5	126.0	131.9	94.8	122.1	125.3	112.5	141.7	132.9	87.3	1,290	84.3
Breakdown of Feb. 1987 Survey													
Visual Impairment	307 (100)	7 (2.3)	10 (3.3)	11 (3.6)	6 (2.0)	34 (11.2)	10 (3.3)	1 (0.3)	174 (56.7)	14 (4.6)	37 (12.1)	236 (77.0)	39 (12.7)
Aural Language Impairment	354 (100)	2 (0.6)	9 (2.5)	8 (2.3)	15 (4.2)	34 (9.6)	6 (1.7)	2 (0.6)	158 (44.6)	22 (6.2)	67 (18.9)	255 (72.0)	66 (18.6)
Limb/Trunk Impairment	1,460 (100)	111 (7.6)	198 (13.6)	137 (9.4)	69 (4.7)	516 (35.3)	84 (5.8)	5 (0.3)	653 (44.7)	56 (3.8)	83 (5.7)	881 (60.3)	63 (4.3)
Internal Impairment	292 (100)	1 (0.3)	5 (1.7)	1 (0.3)	3 (1.1)	10 (3.4)	14 (4.8)	1 (0.3)	207 (70.9)	2 (0.7)	32 (11.0)	256 (87.7)	27 (9.2)
Multiple Impairment	156 (100)	7 (4.5)	8 (5.1)	7 (4.5)	6 (3.8)	28 (17.9)	6 (3.2)	2 (1.3)	87 (55.8)	5 (3.2)	14 (9.0)	114 (72.5)	14 (9.0)

Note: Figures in parentheses () denote ratios to the total number.

The ratios are higher among the higher age groups, together with the rates of increases. This would also support the fact that the phenomenon of the aging population also applies to physically disabled people.

The 56.2% ratio of males remains higher than females, but from the previous survey, the ratios of females are observed as recording slight increases. (See Table 2-2)

The overall ratio of physically disabled persons is 26.7 for every 1,000 persons, and this is an increase of 12% from the 23.8 of the previous survey. The ratio of physically disabled persons among the higher age group is high, and the decrease is conspicuous among the 20 year age group. This is also supported by the ratio of increases in the entire population over the past 7 years. (See Table 2-3)

The levels of impairment suffered in

Grades 1 and 2 total 923,000 persons or 38.3% of the total, a steep increase over 32.7% of the previous survey and indicative of the steady increase in persons with severe degrees of impairment. Within the category of impairments in Grades 1 and 2, those with Grade 1 and 2 in visual impairment totalled 173,000 or more than half at 56.4%; with impairment of internal organs 155,000 or 53%; with aural / language impairments, 118,000 or 33.3% and with limb / trunk impairments 477,000, 32.6%. Those suffering from multiple impairments in two or more categories totalled 35.3% for Grade 1 impairments, and 59% for Grade 1 and 2 impairments combined. (See Table 2-4)

In the case of multiple impairments, the previous method of grading was to assess the impairment one grade higher in the case of

Table 2-6 Breakdown showing Categories of Disability, Disease or Disorder.

		Limb Trunk Impairment							Aural Language Impairment		Visual Impairment			
	Total	Cerebral Palsy	Polio-myelitis	Spinal Cord Injury	Progressive Muscular Atrophy	Cerebro-vascular Disorders	Bone Joint Disorders	Rheumatic Disorders	Middle Ear Disease	Inner Ear Disease	Cornea Disease	Lens Disease	Chorioretinal Optic Atrophy	Other
Feb. 1987	2,413	65	53	76	13	354	232	93	97	103	63	63	112	1,090
	(100.0)	(2.7)	(2.2)	(3.2)	(0.5)	(14.7)	(9.6)	(3.8)	(4.0)	(4.3)	(2.6)	(2.6)	(4.6)	(45.2)
Feb. 1980	1,977	59	53	66	5	227	184	92	72	82	74	65	118	880
	(100.0)	(3.0)	(2.7)	(3.3)	(0.3)	(11.5)	(9.3)	(4.7)	(3.7)	(4.1)	(3.7)	(3.3)	(5.9)	(44.5)
Rate of Increase (%)	122.0	110.2	100.0	115.2	260.0	155.9	126.1	101.1	134.9	125.6	85.1	96.9	94.9	123.9

multiple impairments of the same grade. But from 1984, the standards for assessment were revised and cases of multiple impairments of differing grades were also to be classified one grade higher. Even taking into consideration the factors for increases caused by this revision of assessment, the trend toward increases in multiple impairment cases in the severe categories cannot be denied. It is also believed that this trend is being caused by progress in medicine, where serious injuries and diseases which were previously fatal have been saved and lives prolonged, but result in cases of severe impairment.

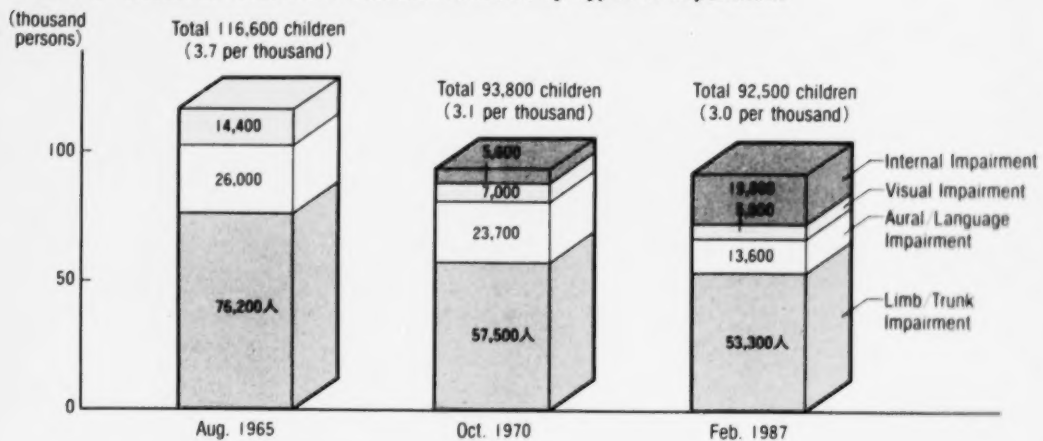
In viewing the causes of physical impairments, those caused by accidents were 24.5% of total cases remaining at practically the same level as the previous survey. But those due to diseases increased drastically and accounted for 67.4% of the total. Those for which the causes were not clear accounted for 8% of the total, a sharp decline from the previous survey.

Regarding accidents, increases in traffic and labor accidents were prominent, but those due to hostilities and war naturally

recorded decreases. Among diseases, the category of "other causes" which covers cerebral hemorrhage ("stroke") and other geriatric diseases increased sharply in both numbers and proportion to the total (See Table 2-5). A detailed breakdown of this category reveals cerebro-vascular disorders at 14.7%, diseases of the bones and joints 9.6%, both of which are to be regarded as typical diseases of the elderly. Comparison with the previous survey reveals that slight increases were apparent for limb/trunk impairments in the form of progressive muscular atrophy, cerebro-vascular disorders and bone/joint disorders, while in the category of aural/language impairments, diseases pertaining to the middle ear and inner ear likewise recorded slight increases. In contrast, diseases of vision are decreasing sharply. (See Table 2-6)

The category of "Other Diseases" as mentioned here includes diseases of internal organs, injuries and malignant growths and these too, are on the increase in comparison with the previous survey.

Figure 2-2 Trends in Numbers of Disabled Children by Types of Impairment



III. Physically Disabled Children under 18 Years of Age

Children of under 18 years of age in Japan are eligible to receive various services under the Child Welfare Law. Accordingly, there have been separate surveys conducted to differentiate them from the measures provided for persons 18 years of age and over under the Law for the Welfare of Physically Disabled Persons.

According to the latest survey of February 1987, the number of physically disabled children (residing at home) under 18 years of age is estimated at 92,500 (2.9 for every 1,000 persons of the total population). 17 years have elapsed between the time of the previous survey conducted in 1970 and a decrease of about 1.4% has been recorded from the previous number reported to have been 93,800 (3.1 for every 1,000 persons of the total population).

(Note) At the time of the survey, there were 13,000

children in institutions undergoing treatment, and therefore the total number of physically disabled children would be 105,000.

The three surveys conducted since 1965 dealing with physically disabled children under 18 years of age indicate a decreasing trend each time. (See Figure 2-2)

A breakdown of results of the latest survey by type of impairments reveals limb/trunk impairments 57.6%, impairments of internal organ at 21.4%, aural/language impairments at 14.7%, visual impairments at 6.3%. In contrast to the results of the previous survey, impairments of internal organs have increased over three times, while aural/language impairments, visual impairments and limb/trunk impairments have decreased by 42.6%, 17.1% and 7.3% respectively. (See Table 2-7)

(Note) The increase in those with impairments of

Table 2-7 Number of Disabled Children

	Total Number						Ratio to Total					
	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment
1965	118,600	14,400	26,000	76,200	—	41,100	100	12.3	22.3	65.4	—	35.2
1970	93,800	7,000	23,700	57,500	5,600	12,600	100	7.5	25.3	61.3	6.0	13.4
1987	92,500	5,800	13,600	53,300	19,800	6,600	100	6.3	14.7	57.6	21.4	7.1

	Comparison with Previous Survey					
	Total	Visual Impairment	Aural Language Impairment	Limb Trunk Impairment	Internal Impairment	Multiple Impairment
1965	%	%	%	%	%	%
1970	80.5	48.6	91.2	75.5	—	30.7
1987	98.6	82.9	57.4	92.7	353.6	52.4

Table 2-8 Breakdown of Disabled Children by Age Groups

		Total	Years 0~4	5~9	10~14	15~17
Feb. 1987 (ratio)		92,500人 (100.0%)	12,400 (13.4)	26,800 (29.0)	31,900 (34.5)	21,400 (23.1)
Oct. 1970 (ratio)		93,800人 (100.0%)	14,000 (14.9)	25,600 (27.3)	33,400 (35.6)	20,900 (22.3)
Rate of Increase		98.6%	88.6	106.2	95.5	102.4
Breakdown of Feb. 1987 Survey	Visual Impairment	5,800人 (100.0)	800 (13.8)	1,800 (31.0)	2,700 (46.6)	400 (6.9)
	Aural Language Impairment	13,600 (100.0)	1,900 (14.0)	4,300 (31.6)	5,800 (42.6)	1,600 (11.5)
	Limb Trunk Impairment	53,300 (100.0)	5,800 (10.9)	13,600 (25.5)	18,300 (34.3)	15,600 (29.3)
	Internal Impairment	19,800 (100.0)	3,900 (19.7)	7,000 (35.4)	5,100 (25.8)	3,800 (19.2)
	Multiple Impairment	6,600 (100.0)	400 (6.1)	1,200 (18.2)	2,700 (40.9)	2,300 (34.8)

Table 2-9 Ratio of Disabled Children by Age Groups (per thousand population)

Feb. 1987 Survey	Oct. 1970 Survey	Rate of Increase	Breakdown of Feb. 1987 Survey			
			Years 0~4	5~9	10~14	15~17
3.0	3.1	97.0%	1.7	3.3	3.2	3.7

internal organs is due to the same factors as in the aforementioned case of physically disabled persons whereby legal provisions defining the scope of physically disabled persons have been expanded in recent years to include additional cases with impairments of

internal organs.

The age group breakdown of physically disabled children shows that children between the ages of 10 and 14 constitute a majority of the cases with over 34%, and the

Table 2-10 Breakdown of Disabled Children by Types and Degrees of Impairments

		Total Numbers								Ratio to Total							
		Total	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Not Clear	Total	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Not Clear
Feb. 1987		92,500 A	25,300	19,000	20,600	6,600	4,700	2,700	13,600	100.0%	27.4	20.5	22.3	7.1	5.1	2.9	14.7
Oct. 1970		93,800	13,000	18,300	12,200	14,000	8,900	10,300	17,200	100.0	13.9	19.5	13.0	14.9	9.5	11.0	18.3
Rate of Increase		98.6%	194.6	103.8	168.9	47.1	52.8	26.2	78.1	100.0	197.1	105.1	171.5	47.7	53.7	26.4	80.3
Breakdown of Feb. 1987 Survey	Visual Impairment	5,800 A	1,900	400	400	400	800	—	1,900	100.0%	32.8	6.9	6.9	6.9	13.7	—	32.8
	Aural Language Impairment	13,600	—	5,800	3,500	—	—	1,200	3,100	100.0	—	42.7	25.7	—	—	8.8	22.8
	Limb Trunk Impairment	53,300	14,800	12,800	11,300	3,900	3,900	1,500	5,100	100.0	27.8	24.0	21.2	7.3	7.3	2.8	9.6
	Internal Impairment	19,800	8,600	—	5,400	2,300	—	—	3,500	100.0	43.4	—	27.3	11.6	—	—	17.7
	Multiple Impairment	6,600	2,700	1,500	800	400	—	—	1,200	100.0	40.9	22.7	12.1	6.1	—	—	18.2

ratio decreases among the lower age groups. Compared with the previous survey, the 5 to 9 year age group increased 6.2% and the 15 to 17 year age group by 2.4%, but all other age groups recorded decreases. Particularly conspicuous was the decrease of over 10% for children of 4 years and younger. Physical impairments by age groups reveal the same tendencies as for the entire groups of children of all ages. But for the 10 to 14 year age group, the ratios of visual impairments, aural/language and limb/trunk impairments are higher than other impairments; while for the 5 to 9 year age group, the ratio of impairments of internal organs are higher than others. (See Table 2-8)

The ratio of disabled children per 1,000 persons of the total population is 2.9, indicating a decrease of 6.5% from the previous survey. The ratio of physically disabled children in the 15 to 17 year age bracket is highest at 3.7 per 1,000 persons and this ratio decreases with age. (Table 2-9)

Regarding the degree of impairments among physically disabled children, those in Grade 1 and Grade 2 total 44,300 and 47.9%, an increase from the 33.4% recorded in the

previous survey. The ratios of increases were high for Grade 1, 2 and 3 impairments indicating a trend of increase for severely disabled children. Regarding the types of impairments among physically disabled children in the Grade 1 and 2 categories, those suffering limb/trunk impairments numbered 27,600 or over half at 51.8%, aural/language impairments 8,600 or 43.4%, and visual impairment, 2,300 or 39.7%. Among the multiply impaired, Grade 1 impairment amounted to 40.9%, and Grades 1 and 2 combined to account for 63.6%, indicating the substantial numbers of severely disabled children. (See Table 2-10)

A breakdown by causes of impairments for physically disabled children shows impairment through diseases to be the major portion by 73.1%, accidents 4.6% and unknown causes 22.3%. It would perhaps be difficult to make a straightforward comparison with results of the previous survey since the categories included were not identical. There has been a marked increase in the number of impairment cases for "causes unknown", but decreases of 50% in traffic accidents, 27% in contagious diseases, and 66% in toxic diseases. (See Table 2-11)

Table 2-11 Breakdown of Disabled Children by Causes of Impairments

	Total	Accidents			Disease						Not Clear
		Traffic Accidents	Other Accidents	Sub-total	Injury at Birth	Infectious Diseases	Toxic Diseases	Other Diseases	Other	Sub-total	
Feb. 1987	92,500人 (100.0)	800 (0.9)	3,500 (3.8)	4,300 (4.7)	30,300 (32.7)	3,100 (3.3)	400 (0.4)	21,800 (23.6)	12,000 (13.0)	67,600 (73.0)	20,600 (22.3)
Oct. 1970	93,800 (100.0)	1,600 (1.7)	5,000 (5.3)	6,600 (7.0)		11,400 (12.2)	600 (0.6)	26,900 (28.7)	37,200 (39.7)	76,100 (81.1)	11,200 (11.9)
Rate of Increase	98.6%	50.0	70.0	65.2		27.2	66.7	81.0		88.8	183.8
Breakdown of Feb. 1987 Survey	Visual Impairment	5,800人 (100.0)	—	—	1,500 (25.9)	400 (8.9)	—	800 (13.8)	800 (13.8)	3,500 (60.4)	2,300 (39.6)
	Aural Language Impairment	13,600 (100.0)	—	—	1,900 (14.0)	400 (2.9)	—	1,200 (8.8)	2,700 (19.9)	6,200 (45.6)	7,400 (54.4)
	Limb Trunk Impairment	53,300 (100.0)	800 (1.5)	3,500 (6.6)	4,300 (8.1)	1,900 (3.6)	400 (0.7)	12,100 (22.7)	5,400 (10.1)	42,400 (79.5)	6,600 (12.4)
	Internal Impairment	19,800 (100.0)	—	—	4,300 (21.7)	400 (2.0)	—	7,700 (38.9)	3,100 (15.7)	15,500 (78.3)	4,300 (21.7)
	Multiple Impairment	6,600 (100.0)	—	400 (6.1)	2,700 (40.9)	—	—	1,600 (24.2)	—	4,300 (65.1)	1,900 (28.8)

Table 2-12 Detailed Breakdown of Disabled Children by Diseases

	Total	Limb Trunk Impairment							Aural Language Impairment		Visual Impairment				Other Diseases
		Cerebral Palsy	Poliomyelitis	Spinal Cord Injury	Progressive Muscular Atrophy	Cerebro-vascular Disorders	Bone Joint Disorders	Rheumatic Disorders	Middle Ear Disease	Inner Ear Disease	Cornea Disease	Lens Disease	Chorioretinal Optic Atrophy		
Feb. 1987	92,500人 (100.0%)	26,900 (29.1)	800 (0.9)	2,700 (2.9)	—	1,900 (2.1)	2,700 (2.9)	800 (0.9)	1,500 (1.6)	5,100 (5.5)	—	400 (0.4)	1,200 (1.3)	48,500 (52.4)	
Oct. 1970	93,800 (100.0%)	29,200 (31.1)	8,300 (8.8)	900 (1.0)	1,100 (1.2)	600 (0.6)	1,900 (2.0)	300 (0.3)	1,900 (2.0)	2,900 (3.1)	1,600 (1.7)	1,400 (1.5)	2,300 (2.5)	41,600 (44.3)	
Rate of Increase	98.6%	92.1	9.6	300.0	—	316.7	142.1	266.7	78.9	175.9	—	28.6	52.2	116.6	

Further details reveal cerebral palsy to be the major disease, and in comparison to the previous survey, cerebral palsy, poliomyelitis, progressive muscular atrophy, and the three major category pertaining to visual impair-

ment recorded decreases, while cerebro-vascular disorders, spinal cord injuries, and rheumatic disorders were among those which increased from 2 to 3 times. (See Table 2-12)

IV. Mentally Disabled Persons

Since 1954, surveys of conditions relative to mental hygiene have been conducted every 10 years. Though the survey of 1963 on mental hygiene clarified the number of mentally disabled persons and the availability of medi-

cal therapy and institutions, it has not been possible since that time to obtain reliable figures on the number of mentally disabled people. For the purposes of this discussion, estimates of the numbers of persons will be

Table 2-13 Estimates of Mentally Disabled Persons for 1963 and 1986

	1963	Ratio of Cases (per 1,000 persons)	1986
Total population	96,156,000		121,672,000
Estimates of Mentally Disabled Persons	1,240,000	(12.9)	1,562,000
Psychiatric diseases	570,000	(5.9)	718,000
Mental retardation	400,000	(4.2)	504,000
Others	270,000	(2.8)	340,000

Note: Total population figures are as of October 1 of 1963 and 1986, with the latter being estimates.

Table 2-14 Estimates of Mentally Retarded Persons for 1961, 1966 and 1971

	1961	1966	1971
Under 18 years old (at home)	—	221,200	141,700
Over 18 years old (at home)	317,000	263,500	170,900
In institutions	—	20,400	43,700
Total		505,100	356,300

based on the estimates made at the time of the 1963 survey and calculated from the ratios in population increases.

As can be seen from the above, the latest estimates for mentally disabled persons place the total at 1,562,000 persons, of which 504,000 are estimated to be mentally retarded.

Surveys on conditions of mental hygiene are conducted in line with the requirements of mental hygiene administration. Surveys dealing with mentally retarded persons are conducted from requirements of social welfare administration and show the following results.

The above is substantially different from the aforementioned survey on mental hygiene

conditions. It is believed that the differences have arisen from the changes in ratios of diseases, in the concept of what constitutes mental retardation (previously cases of learning disability or emotional disturbances do not appear to have been included) or in method of assessment (there has been a change from reliance on mental tests to a method of overall assessment). As mentioned in the beginning, there are difficulties involved in conducting surveys on mentally disabled persons. An accurate and reliable grasp of the situation is yet to be obtained.

In viewing the nationwide estimates of mentally disabled people from records of medication and therapy, comparison of the daily numbers of patients for 1975 and for

Table 2-15 Estimate of Number of Mental Ill Patients Nationwide by Diseases and Treatment
(Number of Patients being Treated Daily)

1975

	Total	Hospitalization			Out-Patients			
		Total	First time Hospitalization	Re Hospitalization	Total	New Patient	Former Patient	Doctor's Visit
Total Number of Patients	7,890.7	1,038.5	30.7	1,007.8	6,852.1	1,208.8	5,643.4	101.3
Mental Disability	301.3	248.5	0.9	247.6	52.8	6.2	46.6	0.9
Alcoholic Disorders	3.3	3.2	0.0	3.1	0.1	—	0.1	—
Schizophrenia	184.6	175.0	0.5	174.6	9.5	0.3	9.3	0.0
Manic Depression	16.0	10.9	0.1	10.7	5.2	0.4	4.8	0.1
Other Psychiatric Disorders	17.4	15.7	0.1	15.7	1.6	0.1	1.6	0.2
Psychoneurosis	33.4	13.6	0.1	13.5	19.7	1.7	18.0	0.1
Personality Disorder	1.7	1.6	—	1.6	0.1	0.0	0.1	—
Alcoholic Dependency	15.2	14.2	0.1	14.1	1.0	0.1	0.9	—
Other Mental Disorders and Sexual Disorders	16.8	2.2	0.0	2.2	14.5	3.6	11.0	0.4
Mental Retardation	13.1	12.1	0.0	12.1	1.0	0.2	0.8	—
Nervous and Sensory System Disorders	923.0	57.6	1.0	56.6	865.5	115.0	750.5	6.0
Senile and Presenile Organic Disorders	24.7	11.7	0.1	11.6	13.0	0.3	12.8	0.2

1984

	Total	Hospitalization			Out-Patients			
		Total	First time Hospitalization	Re Hospitalization	Total	New Patient	Former Patient	Doctor's Visit
Total Number of Patients	7,698.7	1,343.8	61.6	1,282.2	6,354.9	1,128.4	5,226.4	47.6
Mental Disability	378.6	310.7	4.2	306.4	68.0	5.8	62.2	0.6
Alcoholic Disorders	27.9	24.7	0.6	24.1	3.3	0.3	3.0	0.3
Schizophrenia	3.0	2.8	0.0	2.8	0.7	0.0	0.7	—
Manic Depression	220.8	202.7	2.2	200.6	18.0	0.9	17.2	0.0
Other Psychiatric Disorders	21.2	14.4	0.2	13.3	7.8	0.5	7.8	—
Psychoneurosis	15.7	10.8	0.1	10.7	2.8	0.1	2.7	0.0
Personality Disorder	44.0	24.7	0.7	20.0	32.3	1.8	21.5	0.1
Alcoholic Dependency	17.9	16.4	0.2	16.2	1.4	0.2	1.3	0.0
Other Mental Disorders and Sexual Disorder	13.8	5.4	0.2	5.3	8.4	1.8	6.5	—
Mental Retardation	16.4	13.6	0.0	13.6	2.8	0.2	2.6	0.0
Nervous and Sensory System Disorders	651.5	67.9	3.6	65.3	583.6	86.6	297.0	1.6
Senile and Presenile Organic Disorders	39.7	12.5	0.2	12.3	17.2	0.8	16.4	0.0

Source: Patients Survey, Ministry of Health and Welfare

1984 have increased in total from 301,300 to 378,600 indicating the total of hospitalized persons and out-patients to have increased. The number of epilepsy cases of neurotic origin has also increased during the same period from 24,700 to 39,700. (See Table 2-15)

The annual trends in the number of beds to

accommodate mental cases and patients hospitalized are indicative of the fact that hospitalized patients are increasing at a pace in keeping with the addition of new beds accommodations. The beds are constantly fully booked, yet the number of patients undergoing therapy by compulsory hospitalization is

Table 2-16 Trends in the Number of Psychiatric Ward Beds, Hospitalized Patients, Compulsory Hospitalization Patients and Facilities Utilization Rate (As of June of each year)

Year	No. of Beds in Psychiatric Wards	No. of Hospitalized Patients	No. of Compulsory Hospitalized Patients	Rate of Compulsory Hospitalization	Rate of Facilities Utilization
1970	242,022	253,433	76,597	30.2%	104.7%
1975	275,468	281,127	65,571	23.3	102.0
1976	281,166	287,470	62,073	21.6	102.2
1977	287,305	295,514	57,846	19.6	102.9
1978	292,720	301,245	54,693	18.2	102.9
1979	297,650	306,340	50,725	16.6	102.9
1980	304,469	311,584	47,400	15.2	102.3
1981	311,901	319,345	44,342	13.9	102.4
1982	318,186	326,393	40,202	12.3	102.6
1983	324,004	333,854	37,412	11.2	103.0
1984	329,806	337,930	34,805	10.3	102.5
1985	333,570	339,989	30,543	9.0	101.9

Source: Number of beds, cases of hospitalization from Hospital Reports
Compulsory hospitalization from the Ministry of Health and Welfare

Table 2-17 Breakdown of Hospitalized Mental Ill Patients by Category, Sex and Age (as of June 30, 1986)

Diagnosed Disease	Total Number					Male					Female				
	Total Number	Under 20 Years	Over 20 Under 65	Over 65	Compulsory Hospitalization Cases	Total Number	Under 20 Years	Over 20 Under 65	Over 65	Compulsory Hospitalization Cases	Total Number	Under 20 Years	Over 20 Under 65	Over 65	Compulsory Hospitalization Cases
Schizophrenia	210,783	1,461	192,869	16,453	22,082	120,876	837	113,898	6,141	14,185	89,907	624	78,971	10,312	7,897
Manic Depression	15,880	159	12,163	3,558	381	7,650	78	6,399	1,173	208	8,230	81	5,764	2,385	173
Epilepsy	10,856	237	9,984	635	1,112	6,387	136	5,926	325	702	4,469	101	4,058	310	410
Total	39,117	60	7,999	31,058	295	16,187	43	5,365	10,779	215	22,930	17	2,634	20,279	80
Organic Brain Syndromes	29,990	3	3,259	26,728	75	10,734	3	1,844	8,887	44	19,256	0	1,415	17,841	31
Geriatric Disorders	9,127	57	4,740	4,330	220	5,453	40	3,521	1,892	171	3,674	17	1,219	2,438	49
Other Psychiatric Disorders	10,106	274	8,173	1,659	327	4,859	160	4,100	599	167	5,247	114	4,073	1,060	160
Addiction	22,865	181	19,994	2,690	533	21,250	138	18,647	2,465	515	1,615	43	1,347	225	18
Alcoholic Dependency	21,170	8	18,518	2,644	371	19,874	7	17,429	2,438	358	1,296	1	1,089	206	13
Drug	687	34	648	5	106	588	25	559	4	104	99	9	89	1	2
Narcotics	1,008	139	828	41	56	788	106	659	23	53	220	33	169	18	3
Other Addiction	14,864	417	13,439	1,008	1,424	8,826	270	8,075	481	922	6,038	147	5,364	527	502
Mental Retardation	2,035	27	1,756	252	117	1,535	21	1,344	170	89	500	6	412	82	28
Psychopathic Personality	9,721	521	8,069	1,131	94	4,517	254	4,002	261	54	5,204	267	4,067	870	40
Psychoneurosis	5,093	465	3,139	1,489	93	2,592	243	1,824	525	55	2,501	222	1,315	964	38
Other	341,320	3,802	277,585	59,933	26,458	194,679	2,180	169,580	22,919	17,112	146,641	1,622	108,005	37,014	9,346

Source: Mental Health Section, Health and Medical Treatment Bureau, Ministry of Health and Welfare

decreasing every year. (See Table 2-16)

(Note) Compulsory hospitalization is a system of enforcing the hospitalization of patients likely to cause harm to themselves or others if they were left unhospitalized.

Next, a look at the number of hospitalized patients as of June, 1986, by disease, sex and age. Overall, the number of patients of the productive age levels constitute the majority.

But there are quite a few cases among the younger age groups, while there are more female patients in the geriatric group. Diseases range mainly from schizophrenic reaction and addiction for the male and manic-depressive reaction to dementia and related disorders for the female patients. There are more male compulsory hospitalization cases than there are female. (See Table 2-17)

Table 2-18 List of Diseases and Medical Benefits Covered by the Institution of Therapeutical Research of Chronic Infantile Specific Disease

Name of Disease	Research Situation to Date																	Number of Cases		
	'69	'70	'71	'72	'73	'74	'75	'76	'77	'78	'79	'80	'81	'82	'83	'84	'85	'83	'84	'85
① Malignant Growths			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	13,894	15,005	16,201
② Chronic Kidney Disorders				○	○	○	○	○	○	○	○	○	○	○	○	○	○	11,735	11,090	10,759
③ Asthma				○	○	○	○	○	○	○	○	○	○	○	○	○	○	8,571	8,926	9,638
④ Chronic Heart Disease					○	○	○	○	○	○	○	○	○	○	○	○	○	7,507	6,954	8,085
⑤ Endocrinous Disease (Hypothyseal) (Puberty Early Latent)								○	○	○	○	○	○	○	○	○	○	7,197	11,568	13,961
⑥ Collagen Diseases (Juvenile Joint Rheumatism)					○	○	○	○	○	○	○	○	○	○	○	○	○	3,978	3,804	4,807
⑦ Diabetes					○	○	○	○	○	○	○	○	○	○	○	○	○	4,244	4,421	4,812
⑧ Congenital Metabolism Disorders	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	4,492	4,955	5,301
⑨ Hemophilia, Other Blood Disorders	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	5,458	6,017	5,775
Total	Disease 1	2	2	3	5	5	9	9	9	9	9	9	9	9	9	9	9	67,076	72,740	79,339

Note: 1) This covers all children under 18 years of age.

2) ●: Age extension (up to under 20 years) ○: Hospitalization only

○: Hospitalization and out-patient treatment

●: Hospitalization, out-patient treatment and age extension (up to 20 years)

Source: Mother and Child Health Section, Children and Families Bureau, Ministry of Health and Welfare

Table 2-19 List of Specific Diseases for Therapeutical Research

Name of Disease			Name of Disease		
Total			Total		
1	Behcet's Disease	April '72	16	Spinal Cerebellar Degeneration	Oct. '76
2	Multiple Sclerosis	April '73	17	Crohn's Disease	"
3	Myasthenia Gravis	April '72	18	Severe Hepatitis	"
4	Systemic Lupus Erythematoses	"	19	Malignant Rheumatoid Arthritis	Oct. '77
5	SMON	"	20	Parkinson's Disease	Oct. '78
6	Aplastic anemia	April '73	21	Amyloidosis	Oct. '79
7	Sarcoidosis	Oct. '74	22	Posterior Longitudinal Ligaments Ossification	Dec. '80
8	Amyotrophic Lateral Sclerosis	"	23	Huntington's Chorea	Oct. '81
9	Scleroderma, Dermal Myositis, Multiple Myositis	"	24	Willis Circle Obstruction	Oct. '82
10	Idiopathic Purpura	"	25	Wegener Granulomatosis	Jan. '84
11	Periarteritis Nodosa	Oct. '75	26	Idiopathic Congestive Rayocarditis	Jan. '85
12	Ulcerative Colitis	"	27	Shy-Drager Syndrome	Jan. '86
13	Aortitis Syndrome	"	28	Epidermal Blisters	Jan. '87
14	Buerger's Disease	"	29	Pustule Infection	Jan. '88
15	Pemphigus	"			
Total			Total		
124,421			4,838		

Source: Tuberculosis and Contagious Disease Section, Health and Medical Treatment Bureau, Ministry of Health and Welfare

V. Chronic Disease Cases

Chronic and intractable diseases tend to be expensive to treat, need costly medical treatment and care over extended periods. There is an enterprise engaged in the therapy and research of specific infantile diseases established to relieve the families of those children

of the financial and mental burdens. There is also an enterprise of providing free medical care for the adult chronic patients with intractable diseases. The specific intractable disease is designated when it meets the following conditions; the diagnostic tech-

niques of the disease is already established; the intractability and the seriousness of the disease is very high; the number of the patients affected is rather limited. This enterprise is introduced with the aims to find their causes and to develop treatment techniques as early as possible.

These two enterprises have been expanded and the number of patients being covered by efforts has exceeded 200,000 patients. (See Tables 2-18 and 2-19)

Apart from these two enterprises, there are other systems of making public funds available for cases of leprosy, progressive muscular atrophy and for profound multiple impairments, and some 20,000 patients are receiving aid from these sources.

Of the above-mentioned patients plagued with chronic and intractable diseases, there are a considerable number who have been classified under the impairment assessment standards of the Law for the Welfare of Physically Disabled Persons and are acknowledged as physically disabled adults (or children). On the other hand, it is evident that there are substantial numbers of patients suffering from chronic diseases including skin diseases, hemal (blood) disorders, terminal stage cancer, and other chronic diseases of lesser degrees. However the Law for the Welfare of Physically Disabled Persons does not acknowledge patients of such chronic diseases as physically disabled persons based solely on these diseases.

Based on the above, no efforts have been made to estimate the total number of patients

suffering with various chronic diseases. Further, the number of patients as estimated has not been included in the numbers relative to physically disabled persons for the purpose of this discussion.

Conclusion

The survey on conditions of the physically disabled persons of 1987, would indicate that :

a) the total number of physically disabled persons in Japan continues to show signs of increasing, but the rate of increase has slowed down since the previous survey ; b) as in the previous survey, physically disabled people are becoming older and are suffering more severe degrees of impairment ; c) regarding the types, visual impairment has tended to decrease ; d) the range of impairment of internal organs according to the Law for the Welfare of Physically Disabled Persons has been expanded, but the number of cases continues to rise ; and e) impairment of internal organs among physically disabled children of under 18 years of age continue to increase, but the overall total of this age group is tending to decrease.

The progress achieved in the field of medicine and the availability of health care measures have contributed to the increase of higher age groups among the total population. Medical progress has brought a lengthening of life span, though at times leaving cases of severe impairment and disability, and has also clearly contributed to the prevention of impairments of all types as well as to the decrease in visual impairment in the overall numbers of physically disabled chil-

dren.

Regarding numbers of mentally disabled persons, data on which to base estimates are outdated and it is believed that estimates accurately reflecting existing circumstances have not been made available. The establishment of a unified basis for defining "mentally retarded persons" is a requirement of urgency together with ways and means of obtaining accurate estimates of existing situations with due consideration for the rights and privacy of the individuals concerned.

The problem of chronic and intractable

diseases has always been a controversial one in discussion of the range of physically disabled people as defined in the Law for the Welfare of Physically Disabled Persons, pointing to the need for further clarification of the concepts of diseases and disabilities. The major problem remaining to be solved in the future would be clarification of the concepts of impairments and disabilities relative to various diseases of internal organs, dermal and hemal diseases, all in the context of what has already been established as categories of impairments and disabilities.

Chapter 3

Rehabilitation in Japan

I. The Development of Rehabilitation

1. The Situation Before World War II

Before World War II there existed no legislation concerning the rehabilitation of people with disabilities. They were merely provided with "Poor Relief" but even those receiving this were strictly limited, so mostly the families were left to care for their disabled members.

In the Meiji Era a law was passed entitled "Care for the Frail, the Alone, the Sick and the Disabled" (1868). This was followed in 1874 by the "Indigent Person Relief Regulation", which laid the foundation for Poor Relief provisions for the next 60 years in Japan. However, these provisions were not really very different from those enacted over 1000 years before. For example, relief was only given to those ".....in exceptional poverty, and having absolutely no means of support", and any others should be helped by ".....mutual assistance....." from the general public. Families were considered the first means of support for the elderly and disabled who were experiencing difficulty in daily life,

and then neighbours. Those who could work but didn't were strictly punished.

Thus, the above ordinances were seen as chastising the lazy and protecting society, and were under the control of the Department of Police in the Ministry of the Interior. A mere 2,000 or so people received any sort of help annually under these regulations.

In time, the number of poor and needy escalated, which created greater social problems. The Great Depression of 1929 created many poor people. The "Poor Relief Law" was enacted in the same year. Under this law, people with disabilities were termed "the disabled, the ill, and those who have difficulty in working due to mental or physical disability". Areas of assistance were broadened to include help for the very poorly paid, medical help, unemployment assistance etc. Thus, the first principles of public assistance were laid.

However, there was no provision for disabled people in the above law, as they were considered as merely objects of charitable support. With the above law, the number receiving help increased to 11,000 by 1934.

Thus, responsibility for disabled people



"Keiseisha" was recognized as the first vocational rehabilitation institution in Japan. It was founded for the large number of disabled persons resulting from the Great Kanto Earthquake of 1923. At this institutions, vocational training was given such as dressmaking, furniture-making and shoe-making.

was again left to the private efforts of support by families or other related or concerned individuals. The central and local governments only gave help if no other was available.

However, veterans of the various wars up to this time (the Japan-China war, Japan-Russia war, and both World Wars) had been receiving much more help. For example, additional pensions, re-employment assistance, medical care and retraining as well as public recognition for their war efforts. They were also offered free fares on public transport, help in obtaining premises for work, tax benefits and allowances for their children's education, etc. There were also various

rehabilitation facilities such as tuberculosis sanatoria (40), hot-spring sanatoria (10), and sanatoria for head injuries, spinal injuries, mental disabilities and so on.

Under the Factory Law of 1916 and the Industrial Accident Law of 1931, temporary monetary assistance was also given to those disabled through industrial accidents.

Although blind people had been forced by the government to dissolve the "Todoza" (an occupational monopoly organization), they then fought and secured the right to such occupations as acupuncture and thermomoxibustion; compared to other people with disabilities, blind people received much better education services.

The situation for mentally disabled persons before World War II was very difficult. The Insane Persons Custody Law legalized rooms

for the confinement of mentally ill people, to protect society from them. In 1919, the Mental Hospital Law was enacted, however, there was almost no progress to establish public hospitals.

2. The Start of Rehabilitation Measures

World War II created homeless and jobless people and physically and mentally disabled people. Right after the war, various measures were taken to tackle the situation. These were the enactment of legislation such as the Life Assistance Guidelines for Livelihood Difficulties in 1954, the Daily Life Security Law in 1946, and the Physically Disabled Persons Employment Stability Guidelines in 1947. There were 12 residential sheltered workshops for the physically disabled set up in 1947, and urgent assistance measures were taking place because of the above. However, more importantly, the Constitution of Japan was promulgated in the year of 1947. The Constitution declared that sovereignty rested with the people, renounced war, payed respect to individuals (Article 13), guaranteed equality under the law (Article 13), the right to live decently and the national obligation to provide social security (Article 25), the right to receive education (Article 26), and the right to work (Article 27). The task of rehabilitation in Japan after World War II was regarded as one of realizing these provisions stated in the Constitution of Japan.

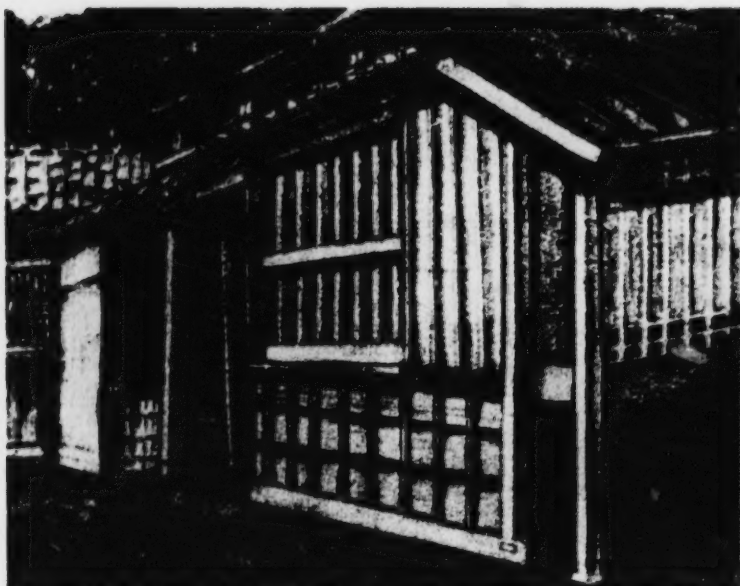
The Law for the Welfare of Physically Disabled Persons was enacted in 1949 and

enforced the next year as the major law in rehabilitation legislation. However, it was set up rather late compared with other social welfare legislations such as the Daily Life Security Law of 1947, and the Child Welfare Law of 1947. The reason for this was that General Headquarters was concerned that the enactment of the Law for the Welfare of Physically Disabled Persons might result in the rebirth of militarism. This law provided for the issuing of identification handbooks for the physically disabled, provision of braces and appliances, establishing rehabilitation facilities for the physically disabled, establishing Rehabilitation Consultation Center for Physically Disabled Persons and so forth. Soon after, there was added the provisions of welfare offices, and the allowance for medical rehabilitation. Thus rehabilitation measures in Japan came to achieve a legislative base.

3. Development of Rehabilitation Measures

Since 1955, the chaotic stage after the war shifted to the period of high economic growth. As for rehabilitation measures, they showed a big change.

Under the National Pension Law of 1959, disability pensions and non-contributory disability pensions were supplied, while for those with less disability, the Physically Handicapped Persons Employment Promotion Law was set up in 1960 to promote employment in general enterprises. As for the measures for adult mentally retarded per-



Prior to the 20th Century there were few laws concerning mentally-ill people; one law was known as "The Insane Person's Custody Law. This allowed mentally-ill people to be held in custody in their own homes (similar to "house arrest").

Dr. Shuzo Kure, a professor at the former Tokyo Imperial University, investigated the ways in which this law was effected. Consequently, he criticised it strongly, demanding its immediate abolition. As a result, the Mental Hospital Law was enacted in 1919. However, the Insane Person's Custody Law was never repealed, so few things changed.

Following World War II, in 1950 the Mental Hygiene Law was established, and the two laws above were abolished, thus prohibiting custody at home for mentally-ill people. Also, as more progressive psychiatric techniques became known, so treatment of mentally-ill people began to occur mainly in mental hospitals.

Yet, since 1968, the number of mental hospitals has increased steadily, and presently there are about 340,000 beds available. Also, there is a tendency for people to be admitted for increasingly longer terms of hospitalization. This is creating another big social problem.

1987 saw the amendment of the 1950 law, aiming to improve human rights, social reintegration and welfare of people with mental disabilities. Furthermore, private (i.e. non-governmental) organizations such as community workshops have been increasingly promoted. Policies encouraging social participation of mentally handicapped people have also developed, though a little late.

(Photograph from "SEISHINBYOSHA SHITAKUKANCHI NO JIKKYO OYOBI SONO TOKEITEKI KANSATSU - The Real Situation Concerning the Custody of Psychiatric Patients, and Statistical Observations" (1918) - written by Shuzo Kure.)

sons, which had been lacking, the Law for the Welfare of Mentally Retarded Persons was enacted in 1960, and residential facilities and

training facilities were set up. The Law for the Welfare of the Aged was set up in 1963, and those who were under the Daily Life Security Law for Poor Relief Measures came to be placed under the more specialized social welfare legislations.

Around 1965, provisions for severely disabled persons were set up under the social welfare system. These were hospital wards for severely mentally retarded children, sheltered workshops for the severely physically disabled, rehabilitation institutions for the severely physically disabled, the Law Concerning Special Rearing Allowances for Disabled Children, (Severely Mentally Retarded Child Rearing Allowance Law), wards for severely orthopedically disabled children in hospitals (homes), colony projects for persons with severe physical and mental disabilities,

facilities for adults and children with severe mental and physical disabilities, and home-helps for the physically disabled. Within the Law for the Welfare of the Physically Disabled Persons, there was added term "stability of life" as well as the ordinary term "rehabilitation" in 1967.

At the reform of the Law for the Welfare of the Physically Disabled Persons in 1967, heart and respiratory dysfunctions were added as recognised internal disabilities, and five years later kidney dysfunction was included.

In 1964, the Tokyo Paralympics, (the International Sports Games for the Physically Disabled), started and the next year there was held the National Athletic Meet for physically disabled persons, which has been held annually since then. In 1963, there was established the Japanese Association of Rehabilitation Medicine and in 1965, there was set up the Law for Physical Therapists and Occupational Therapists showing the expansion of the range of rehabilitation measures.

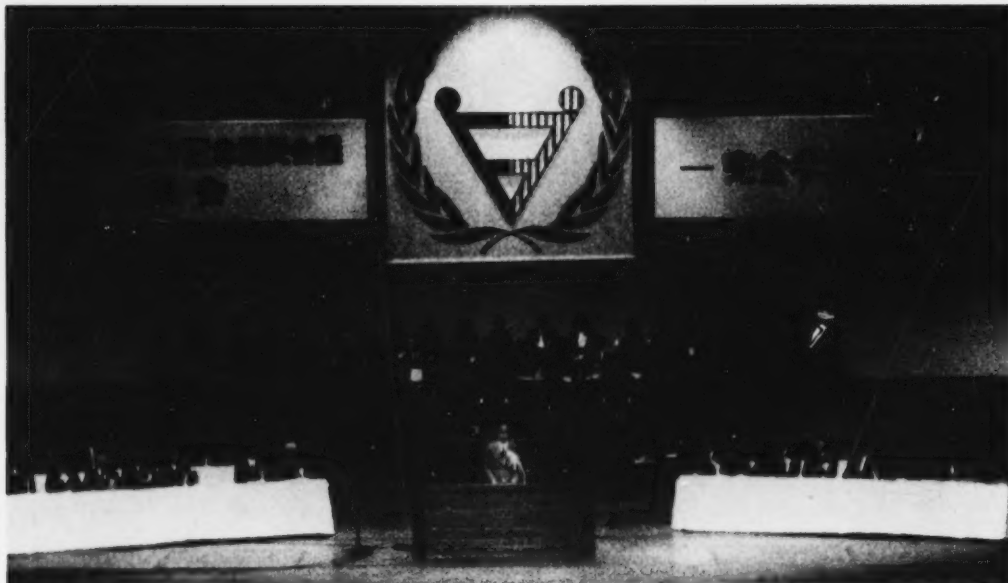
Under this period of high economic growth, Japan made a lot of progress in rehabilitation measures such as those for severe disabilities, employment, income security, those in domiciliary care, enlargement of kinds of disabilities, establishment of medical rehabilitation systems and sports for the disabled. Also contributing to this situation, families were increasingly less able to care for disabled family members at home due to the change in the industrial structure, increase of disabled persons due to various causes, life

difficulties under high economic growth, and rising demands for better living conditions.

4. Recent Trends and Future Tasks of Rehabilitation Measures

Since 1970, rehabilitation measures in Japan have shown expansion and reorganization. In the field of vocational rehabilitation, a system of on-the-job training, the system of grant-in-aid, and the setting up of vocational rehabilitation centers for the disabled, have all been achieved. However, with the shift to a low economic growth period, the problem of employment of the disabled became serious.

As for countermeasures to tackle the situation above, revision of the Physically Handicapped Persons Employment Promotion Law was made in 1976 to establish a substantial quota system. In the recent depression due to the high yen, there has been scarcely any growth in the employment rate of the disabled, thus, new countermeasures have been taken such as the revision of the Employment Promotion Law in 1987, establishment of nation-wide vocational rehabilitation network system, setting up qualification systems for related personnel, the application of a quota system to the mentally retarded, introduction of grant-in-aid system for retaining employment of those who become disabled at or away from work. For those who have difficulty in seeking employment in private industries, there have been set up over 1,600 unauthorized small work-



1981 was the International Year of Disabled Persons. To commemorate this, many people—both disabled and nondisabled—working in disabled peoples' organizations, met in the NHK (Japan Broadcasting Corporation) Hall. They appealed widely to the general public for "Full Participation and Equality" (the IYDP's theme) and firmly resolved to realize this.

shops over the country by the movement of volunteer groups. Since 1987, part of the running cost has been subsidized to some of these workshops by the government (for workshops for the mentally retarded, this provision has been made since 1977).

Though the above progress can be seen, there are still problems in such areas as sheltered workshops, small workshops, sheltered employment with guaranteed income (this system has not been established yet), establishment of a systematic open employment system, and securing employment (opportunities) for the severely disabled, the mentally retarded, the mentally disabled and those who are suffering from complex diseases.

Rehabilitation measures for the mentally ill persons started recently. The revision of the Mental Hygiene Law of 1965 had as its aim to subsidize medical costs of outpatients, and to facilitate the establishment of public health centers and public mental health centers to encourage community mental health activities. Since the revision of the Law, rehabilitation facilities and vocational parent systems were set up in the following years, though, the number of inpatients has been increasing. As a result of international criticism of the situation of mental patients in Japan, there has been made a revision of the Mental Hygiene Law in 1987 (the name was changed to the Mental Health Law), and rehabilitation system came to have a legal base in such ways as sheltered workshops and community group homes. And mentally

ill persons came to be covered due to the revision of the Physically Handicapped Persons Employment Promotion Law in 1987. The effect of these developments is expected to be observed in the coming years.

As for the trend of educational rehabilitation a system of providing education for all disabled children was realized with the establishment of compulsory education for physically disabled and mentally retarded children at special schools. From now on, the upgrading of the quality of education for severely and multiply disabled children, promotion of integrated education and social education for disabled adults should be achieved.

In the field of medical rehabilitation, the number of medical facilities providing medical rehabilitation, doctors, physical therapists and occupational therapists increased and the insurance system to cover medical rehabilitation costs has improved. However, compared with the needs in this field, facilities and professionals are still lacking and the problem of concentration of these facilities in major prefectures is still to be solved. Though there is a great deal of need for disabled persons at home to commute to community health centers, welfare facilities or medical facilities, or to receive rehabilitation through home visit services, only trial models exist at present.

In 1987, qualification systems for professionals in prosthesis and clinical engineering were set up, and now the discussion is under way to set up qualification systems for speech therapists and medical social workers.

The qualitative and quantitative improvement of these professionals should be an important task in medical rehabilitation.

In the field of social rehabilitation, there have been various kinds of measures established for assisting disabled persons to achieve independence and participation in the community. They consist of the start of a basic disability pension scheme for the disabled, a system for small community group homes such as welfare homes for the mentally retarded, welfare homes for the physically disabled, revision of the system for dispatching home helpers up to 18 hours a week which gave security of providing attendants with public funding, dispatching guide helpers and sign language interpreters, training for driving a car, and marriage counselling, which helped to enlarge the opportunities for disabled persons to participate in social activities, and also such measures as providing loans for adapting homes, and building public housing for the physically disabled, and making accessible communities. Looking into the situation of the life of physically disabled persons, it still remains difficult for the disabled persons to achieve independence and social participation due to the increasing number of those with severe disabilities and those in old age, the decreasing ability of families to care for a disabled member, and the lack of accessible housing in urban areas. It is necessary to improve the contents of those various measures as well as to spread them widely so that they can be of great help to each disabled person in his or her actual life.

Major Legislation Concerned with Rehabilitation in Japan (1945~1987)

1945	End of World War II		of rehabilitation facilities for the psychiatrically disabled
1946	Enactment of The Daily Life Security Law	1970	Enactment of Fundamental Law for Countermeasures Concerning Mentally and Physically Disabled Persons
1947	Enactment of The Child Welfare Law	1971	Establishment of Half-way houses for workers with mental retardation
1947	Guidelines for The Employment Security for the Physically Disabled	1971	Establishment of dormitories for the employees with mental retardation to commute to work
1947	Signing of The Constitution of Japan	1971	Establishment of welfare factories for the physically disabled
1947	Enactment of The School Education Law	1972	Revision of the Law for the Welfare of the Physically Disabled
1947	Enactment of The Employment Security Law	1972	Start of Employment Rehabilitation Centers for the disabled
1947	Enactment of The Fundamental Education Law	1972	Establishment of welfare centers for the physically disabled
1947	Enactment of The Workmen's (Accident) Compensation Insurance Law	1973	Establishment of welfare model cities for the physically disabled
1950	Enactment of The Law for the Welfare of the Physically Disabled	1973	Establishment of Special Loan System for private enterprises employing more than a certain number of disabled persons
1950	Enactment of The Mental Hygiene Law	1974	Start of Occupational Therapy and Day-Care attendance being countable as off setting medical fees of mentally ill patients
1950	Enactment of The New Daily Life Security Law	1975	Establishment of guidelines for the operation of mental health day care facilities
1951	Enactment of The Children's Charter	1975	Establishment of athletic facilities for employed physically disabled persons
1951	Enactment of The 1st National Survey of the Physically Disabled	1976	Revision of Physically Handicapped Persons' Employment Promotion Law
1951	Start of welfare offices nationwide	1977	Start of supporting unauthorized small workshop programs for the mentally retarded
1952	Enactment of The Regulation for Discount of National Railway Fare for Physically Disabled Persons	1979	Opening of the National Vocational Rehabilitation Center for the Disabled and also the National Rehabilitation Center for the Disabled
1953	Establishment of the basic guidelines of the measures for mentally retarded children	1979	Guidelines for setting up and operating welfare homes for the mentally retarded
1954	Start of provision of medical rehabilitation allowance	1979	Start of Compulsory Education System for all physically and mentally disabled children
1957	Start of Asahi Court Case	1980	Guidelines for operating facilities for Social Adjustment of the Physically Disabled
1958	Enactment of National Health Insurance Law	1981	Start of the 2nd Extraordinary Disabled Administration Study Committee
1958	Establishment of Vocational Training Centers for the Physically Disabled	1981	International Year of Disabled Persons
1959	Enactment of Minimum Wage Law	1982	Start of rehabilitation programs for psychiatric out patients
1959	Enactment of National Pension Law. Provision of Non-contributory Disability Pension	1982	Enforcement of the Law of Health and Medical Services for the Aged
1960	Establishment of On-the-Job Training Scheme	1982	Long Term Program for Countermeasures for the Disabled Government Headquarters for the Promotion of International Year of Disable Persons
1960	Enactment of Law for the Welfare of Mentally Retarded Persons	1983	Start of Program for Promoting Abilities Development Centers for the mentally retarded
1960	Enactment of Physically Handicapped Persons' Employment Promotion Law	1983	Establishment of the 3rd Sector Enterprises Scheme for Employment of severely disabled persons
1963	Start of rehabilitation institutions for the severely physically disabled	1984	Revision of the Law for the Welfare of the Physically Disabled
1963	Enactment of The Law for the Welfare of the Aged	1985	Guidelines for setting up and operating welfare factories for the mentally retarded
1963	Enactment of The Law for Special Aid to Wounded and Sick Retired Soldiers	1985	Enforcement of the Law for collective decrease of grants-in-aid
1964	13th Stoke Mandeville Athletic Meet Tokyo Paralympic	1985	Revision of National Pension Law and related measures
1964	Enactment of The Law concerning the Provision of Special Rearing Allowances, etc. for Disabled Children	1986	Provision of Basic Disability Pension
1965	3rd Pan-Pacific Rehabilitation Conference (Tokyo)	1986	Provision of Special Allowance for the Severely Disabled
1965	The 1st National Athletic Meet of the Physically Disabled	1987	Enactment of Mental Health Law (Revision of Mental Hygiene Law)
1965	Revision of The Mental Health Law	1987	Enactment of the Law for Certification of Social Workers and Care Workers
1965	Enactment of Maternal and Child Health Law	1987	Enactment of the Disabled Persons' Employment Promotion, Etc. Law (Revision of Physically Handicapped Persons' Employment Promotion Law)
1965	Enactment of The Physical Therapist and Occupational Therapist Law	1987	Establishment of Subsidy Scheme for operation of small workshops for mentally disabled persons
1966	Enactment of Law concerning Special Rearing Allowances for Disabled Children	1987	Establishment of partial funding system for operating unauthorized small workshops for severely disabled persons on a non-residential basis
1966	Establishment of Guidelines concerning Management of Mental Health Activities at Public Health Centers	1987	Enactment of the Law for Prosthetists
1966	Enactment of Employment Countermeasures Act	1987	Enactment of the Law for Clinical Technicians
1967	Revision of the Law for the Welfare of the Mentally Retarded		
1967	Establishment of Institutions for Severely Mentally and Physically Disabled Children		
1967	Revision of the Law for the Welfare of the Physically Disabled		
1967	Application of the On-the-Job Training Scheme for the Mentally Retarded		
1969	Supplying of everyday technical devices for the severely physically disabled		
1969	Establishment of Guidelines for the Management of Mental Health Centers		
1969	Enactment of Insurance System for Rearing of Disabled Persons		
1970	Start of Horiki Court Case		
1970	Allocation of Government Budget for the Establishment		

In 1987, the qualification systems for professional workers in social welfare, that is, social workers and care workers, were established, and they are expected to play a major role in social services in the future.

By reviewing the recent trend of rehabilitation in Japan, the International Year of Disabled Persons in 1981 made a big influence. Basic principles and concepts related to rehabilitation, such as "full participation and equality", "understanding the difference between impairment, disability, and handicap", "normalization", "independent living", and "quality of life", are becoming a common understanding which is widely shared among the persons concerned. Based on the recognition that rehabilitation measures for the disabled should be comprehensive and with a long-term perspective, long-term action plans were made at the national and

some 360 local governments levels, and these plans were reviewed in 1987. In most cases, the establishment of those plans and their review have been made with the participation of organizations for/of disabled persons. On the other hand such new developments were observed in the private sector as the Japan Council for the International Year of Disabled Persons (JCIYDP), established for the organizations for/of disabled persons, taking the opportunity of IYDP.

Now, the first half of the United Nations' Decade of Disabled Persons has passed. However, there still exist so many tasks to be tackled. For the realization of full participation and equality, further efforts should be made by each of such organizations and persons concerned as central and local governments, professionals, citizens, and disabled persons themselves.

II. The Present Situation of Rehabilitation in Japan

1. Fundamental Law for Countermeasures for Mentally and Physically Handicapped Persons

Rehabilitation measures for the disabled in Japan are carried out under various positive laws that state actual provisions such as medicine, education, labor, income security, social welfare and housing and their related systems.

The Fundamental Law for Countermeasures for Mentally and Physically Handicap-

ped Persons, which is the basic law for rehabilitation measures in Japan, is a linking point for these laws and their related systems, and the Constitution of Japan which provides their foundation.

The Fundamental Law does not regulate actual services. However, it states that rehabilitation services for the disabled have to be systematic and comprehensive, and provides the definition of the physically and mentally disabled. It has also such important provisions as the establishment of national and local councils on measures for physically

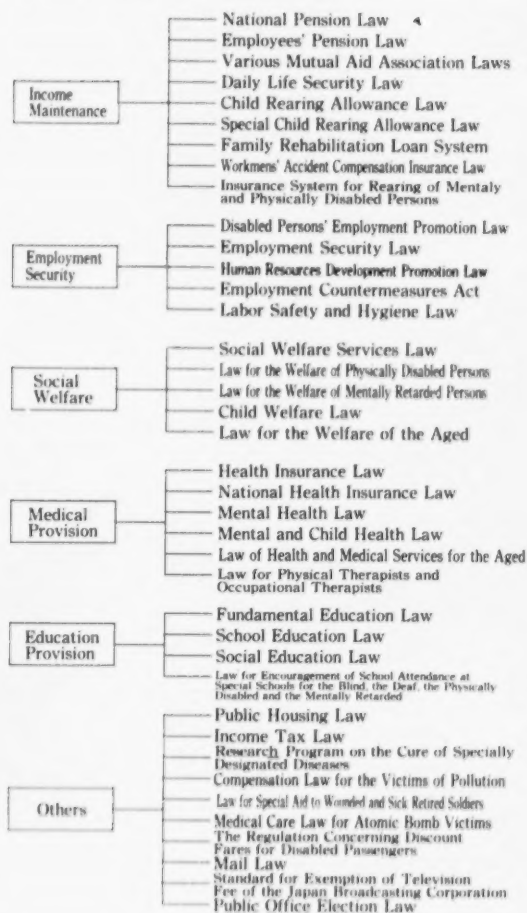
and mentally disabled persons to make researchs and discussions on adequate measures for these persons. (See "Fundamental Law for Countermeasures for Mentally and Physically Handicapped Persons")

2. Major Laws and Systems Concerning Rehabilitation

In the Figure 3-1, there are shown major laws and systems concerning rehabilitation. Detailed explanations of these will be given in the following chapters.

Besides the law systems shown above, measures at national level are carried out through Cabinet ordinances, ministerial ordinances and various kinds of notices. At the local government level, many local governments carry out their own programs based on various kinds of regulations and guidelines. For example, by making use of their own budgetary funds a fairly large number of local governments administer such programs as the "welfare taxi" system, through which they subsidize part of the taxi fees of disabled persons who have difficulty in going out from their home so as to encourage their social participation, and also the "medical fee allowance for the severely disabled" to cover part of the treatment fees of those persons. Being based on the laws in the category of "social welfare" in the chart, various services are actually provided; medical treatment for physically disabled children, offered under the Child Welfare Law, and medical rehabilitation services for the physically disabled, offered under the Law for the Welfare of

Figure 3-1 Major Laws and Systems



Physically Disabled Persons, are exactly medical rehabilitation. And many facilities under the Law for the Welfare of Physically Disabled Persons, and the facilities for the orthopedically disabled children under the Child Welfare Law provide medical rehabilitation as their major services.

In addition, various kinds of sheltered workshops under the Law for the Welfare of Physically Disabled Persons and the Law for

Table 3-1

Name of Ministries	Field	Content
Prime Minister's Office	Comprehensive coordination	General secretarial work as headquarters of promotion of measures of disabled persons
Ministry of Finance	Tax reduction and crediting (national tax)	Income tax, income tax credit Commodity tax, automobiles and others used by disabled persons Juridical persons tax, sheltered workshop for the physically disabled persons Tariff, technical devices and others specially made for the disabled Inheritance tax, until reaching the age of 70 Donation tax, leaving a property in trust based on the contract of trust for special rearing of the disabled
Ministry of Education	Special Education Higher Education, etc.	School for the blind, school for the hearing impaired, school for the physically and mentally handicapped Setting up special place for examination, providing attendants, etc.
Ministry of Health and Welfare	Social Welfare Pension, medical care	Welfare for physically disabled persons (and children), care for war veterans, and for the bereaved families Employees' pension, national pension, health insurance, etc.
Ministry of International Trade and Industry	Development of social welfare related technical devices	Research and development of various kinds of medical and social welfare-related technical devices
Ministry of Transport	Discount of transportation fee Public transportation measures	Discount of transportation fee of national railway, private railway, buses, and toll highways Altering railways and airways (for wheelchair access, and for the blind)
Ministry of Post and Telecommunications	Reduction and credit of fees	Reduction and credit of National Broadcast Association TV fee, Free of charge of braille mail, Reduction of usage fee of welfare telephone machines
Ministry of Labor	Employment measures Industrial Accidents Financing loans for purchasing technical devices	Promotion of employment of the physically handicapped, Vocational training of the physically handicapped Insurance for the compensation of industrial accidents Renting wordprocessors, etc. for the blind
Ministry of Construction	Housing measures, public facilities measures Reduction and crediting fees	Public housing for the physically handicapped, improving public buildings, and roads, prioritizing for getting into public housings Reduction of fees for using toll highways
Ministry of Home Affairs	Reduction and Crediting of tax (local tax)	Inhabitants' tax and income tax credit Enterprise tax related to massage and acupuncture by the severely disabled Auto tax for light mobiles and purchase of automobiles Property gain tax, fixed property tax, non-taxation, reduction, and crediting of enterprise tax
Ministry of Police	Traffic safety measures	Setting up traffic signals for the blind for road traffic safety measures
Ministry of Justice	Bar examination	Providing law materials in braille for examination purposes

Source: "Welfare for the Physically Handicapped, 1986," National Council on Social Welfare

the Welfare of Mentally Retarded Persons, provide the disabled with vocational rehabilitation services though they do not have employment contracts to them there.

3. Rehabilitation Measures Carried out by Ministries

The above chart shows that various kinds of rehabilitation measures are carried out by the Ministries of Health and Welfare and many other ministries.

Areas of measures are divided as follows: medical rehabilitation by the Ministry of Health and Welfare, educational rehabilitation by the Ministry of Education, vocational rehabilitation by the Ministry of Labor, social rehabilitation by the Ministry of Health and Welfare, Ministry of Construction, Ministry of International Trade and Industry, and other ministries. However, when we look closely into the share of responsibilities, taking medical rehabilita-

Table 3-2 Types of Disabilities and Law System and Actual Application

Measures for Disabled Persons Types of Disability		Welfare law	Income security		Employment		Income tax law	Japan Railway fee discount	Public Housing law	Necessity for continuous medical care
			Disability pension	Industrial accidents compensation	Employment security law	Employment promotion law for the handicapped				
① Fixed physical disability		○	○	○	○	○	○	○	○	×
Chronic physical disease	② With sensory function disability and motor function disability	○	○	○	○	○	○	○	○	○
	③ Disability of the heart, kidney, respiratory organs etc.	○	○	○	○	○	○	×	○	○
	④ Other internal disorders	×	△	○	△	×	×	×	×	○
⑤ Outer appearance disability (dwarf, facial disfigurement, etc.)		×	×	○	○	×	×	×	×	×
⑥ Paroxysm disability (epilepsy, wpw syndrome, etc.)		×	△	○	△	×	×	×	×	○
⑦ Mental retardation		○	○	—	○	○	○	×	○	×
⑧ Psychiatric disability		△	△	○	△	△	△	×	△	○

Note: ○ Covered by relevant law, △ Partially covered by relevant law, × Excluded, — Not related

tion for instance, the development of medical rehabilitation devices is carried out by the Ministry of International Trade and Industry, and hospitals for industrial accidents, including comprehensive spinal cord injury center, are under the control of the Ministry of Labor.

4. Types of Disabilities and Objects of Rehabilitation Measures

Rehabilitation is supposed to be a comprehensive service including medical programs, educational programs, vocational program and social programs.

The objects of rehabilitation include any kind of persons with disabilities. Looking into the present situation of rehabilitation measures in Japan with this concept of rehabilitation, the stage of rehabilitation has not yet

fully developed.

In the chart above, the types of disabilities from 1) to 6) are physical disabilities. As for 6) paroxysm disability, "the condition of disability would appear only for a short period of time", while 4) liver disorder, diabetes mellitus, and high blood pressure require constant medical care, thus, it is difficult to set the areas of disability. For these reasons, these disabilities are excluded from the objects of Welfare Law. And automatically, they are excluded from the objects of the Physically Handicapped Persons Employment Promotion Law of the Handicapped.

In 1987, rehabilitation measures in Japan made great progress in expanding the objects of rehabilitation. First, mentally retarded persons and mentally disabled persons are included under the Physically Handicapped Persons Employment Promotion Law.

Though mentally disabled persons are yet undergoing much research, however, this will increase in the future. Mentally retarded persons are covered by the same quota system as other physically disabled persons. Second, due to the enforcement of the Mental Health Law, living facilities and small workshops were placed under the system for the purpose of social rehabilitation. Third, qualification systems for social workers and vocational counselors for disabled persons were set up. The third item would not directly bring about expansion of rehabilitation, however, these rehabilitation related professionals would be able to choose disabled persons who have rehabilitation needs not

only in the medical sense, but social and vocational as well in a proper and flexible manner, and this may lead to the expansion of rehabilitation in the future, since the objectives have been chosen based on medical consultation in Japan.

Some types of disabilities have been left out of the objectives of rehabilitation due to the traditional vertical legislation and social administrative organization problems that lie between medical care and social welfare, and among kinds of disabilities. The future integration and coordination of legislations and administrative organization should be expected.

III. Future Prospects

1987 was the middle year of "the United Nations Decade of Disabled Persons". The state, local governments, and voluntary sectors reviewed their own "long-term programs of action", which were made at different levels, and decided policies to be carried out for the latter half of the decade. In order to see the prospects of rehabilitation measures in Japan, policy measures and important tasks planned by the state and local governments for the latter half of the decade should be examined, and also, requests by the voluntary sectors should be explained.

1. Outline of "Major Measures for the Latter Half of the Decade" by the State

The State's Headquarters for the Promotion of Measures for Disabled Persons released the major measures for the latter half of the decade for "the Long-term Program of Action for Disabled Persons", in June, 1987. Below is the outline.

1. Fundamental concept (items only)
 - (1) Spread the correct understanding concerning "disability" and "disabled persons" throughout society
 - (2) Secure equal opportunity
 - (3) Support for independence
 - (4) Improve living environment

- (5) Measures for aging
- (6) Utilize technological development
- (7) Secure coordination among policy measures
- (8) Equip research
- (9) Promote international cooperation
- 2. Fundamental direction of policy measures and important measures
 - (1) Development of publicity (items only)
 - (a) Promotion of publicity
 - (b) Promotion of welfare education
 - (c) Promotion of exchange
 - (2) Health and Medical Care
 - (a) Prevention of mental and physical disabilities and the early detection

As for congenital disability, measures such as promotion of health management for pregnant mothers, equipping medical care system for maternal period, measures to prevent factors that could create congenital abnormalities (medical drugs and goods, infectious diseases, alcohol, environmental pollution goods), equipping various kinds of health checkups for mothers and children, and coordination of stages of health care among early detection, early treatment, and early care. As for acquired disabilities, promotion of preventive measures for disorders that could easily occur with aging, and prevention should be made for emotional disorders, behavioral disorders, and so on. Measures for industrial safety, traffic

safety and other safety measures should be made, and treatment and rehabilitation from early detection should be coordinated.

- (b) Promotion of medical care and research

Equipment of medical care bodies that have rehabilitation functions, increasing the quality of medical care and rehabilitation for the severely disabled such as severely mentally and physically disabled children, domiciliary medical checkups for home-bound severely disabled persons, promotion of equipping kidney transplant systems, research into neurological and muscular diseases such as progressive muscular dystrophy and so forth, research into developmental disabilities, research into mental disabilities, and research into factors and treatment measures of complex diseases and so on.

- (c) Promotion of measures for mentally disabled persons

With the protection of the human rights of mentally disabled persons, securing proper psychiatric care and promotion of social rehabilitation should be sought. Mental health guidance should be developed, and promotion of mental health measures according to life stages such as adolescence, old age, and so on.

- (d) Training and securing related professionals

Developing of the training system for clinical technicians and prosthetists should be carried out. As for the areas where qualification systems are not established, speech therapists (tentative name) and other professions should be discussed, and fulfilment of rehabilitation education for medical students and post-graduation should be sought. Also the promotion of training programs for physical therapists and occupational therapists should be carried out.

- (e) Promotion of research and development of technical and medical devices

Research and development system of technical and medical devices should be equipped, and standardization should be discussed, so that networking of technical devices information could be promoted.

(3) Education and care

- (a) Developing education measures concerning mentally and physically disabled children

Maximizing the possibilities for mentally and physically disabled children, and letting them try to achieve social independence, promoting proper education according to the kinds and degree of disabilities, and promoting understanding of the public about mental and physical disability from early childhood

should be carried out.

Coordination among the areas of medicine, welfare, education and others for the purpose of early education for mentally and physically disabled children, and setting up national junior colleges for visually and hearing impaired students should be carried out.

- (b) Developing the care concerning mentally and physically disabled

Promotion of research concerning the care of mentally and physically disabled children, equipping care systems, promotion of means of care, equipping guidance organizations, and coordination between care in institutions and school should be sought.

(4) Employment

- (a) Measures according to kinds of disabilities

① Promotion of measures for physically disabled persons

In order to expand areas of vocation, research on development of micro-electronic devices, and promotion of publicity should be carried out, and measures for utilizing grant-in-aid depending on kinds of disability and measures for securing employment for those who became disabled during employment should be carried out.

② Promotion of measures for mentally retarded persons

Promoting employment of mentally retarded persons by informing employers of enterprises, the reform of handling the quota and levy systems; promoting programs for centers for the development of abilities of the mentally retarded by third sector industries; programs for pre-training for vocation for the mentally retarded at vocational centers for the mentally and physically disabled should be carried out.

③ Promotion of measures for mentally disordered persons

Research into vocational conditions required for the mentally disordered persons and publicity for the promotion of employment should be carried out. Employment promotion by utilizing on-the-job training, and other means and equipping sheltered workshops should be carried out.

(b) Promotion of measures for those who have difficulty in being employed under present conditions

Developing proper vocations for severely disabled persons, expanding vocational areas, promoting activities to encourage enterprises to hire severely disabled persons in third-sector industries, equipping programs to set up workshops, equipping training at sheltered workshops and promote employment after workshop trainings, measures for secured management of sheltered work-

shops and industrial workshops and subsidizing small workshops should be carried out.

(c) Promotion of vocational rehabilitation

Equipping and developing vocational centers for the mentally and physically disabled; forming vocational rehabilitation networks, placing comprehensive vocational rehabilitation centers for the disabled in the center, research concerning vocational rehabilitation and to develop the same, should be carried out.

(d) Training of professional staff

Plans for setting up comprehensive vocational centers for the disabled should be promoted, and vocational rehabilitation related professionals should be trained under the equipped training and research system, and employing qualification systems for those professionals should be carried out.

(5) Social Welfare

(a) Promotion of measures for life security

Reviewing disability pension amounts in accordance with the national standard of living, and creating special allowances for the disabled; various kinds of welfare allowances for disabled children should be established, and proper measures should be taken for the taxation of disabled persons.

(b) Equipping welfare service

① Home service

Promotion of community involvement in projects such as "plans for building an accessible community for the disabled", equipping such as welfare homes, attendant-care for home-bound severely disabled persons, home-visiting service, and mobile service should be carried out. Examining qualification system of sign-language interpreters and related occupations, and means for judging mental retardation, and desirable ways of treatment, equipping the system for supporting independence of the mentally retarded, and equipping home services for the mentally disabled should be carried out.

② Residential service

Developing residential homes for realizing comprehensive rehabilitation, establishing institutional organization suited to the needs of the disabled, and opening them to the community, and promoting training measures for related workers should be carried out.

Developing comprehensive care centers for the purpose of prevention of mental and physical disabilities, early detection, early care should be carried out, and public psychiatric hospitals, mental health centers, and social rehabilitation facilities for the mentally disabled should be

equipped.

(6) Living Environment

(a) Improvement of houses and buildings

To promote improvement and modification of public housing for disabled persons, to give higher priority to making public housing accessible to disabled persons, special consideration to disabled people receiving loans for housing, building more houses for disabled persons, installation of devices to improve home environment, to promote modification of public buildings for use by disabled persons, to disseminate "buildings standards which take into consideration the needs of disabled persons" in privately owned buildings and to promote special grants to realize the above objectives.

(b) Transportation Services

To improve public transportation facilities of vehicles and services, traffic signals and pedestrian crossings, road structure and system, and parking regulations in order to give full opportunity to disabled people to use public transport, to increase the number of lift-equipped buses, and grants to modify a vehicle for the use of a disabled person, to improve guide helper services.

(c) Information referral services for the disabled

To improve the following services:

informational services in braille and tapes for the blind, information services in sign languages, captioned video tapes and captioned TV programs for the hearing impaired development and dissemination of communication devices and networks to improve a communication with the handicapped, expansion of guiding services at public facilities, warning systems, and referral services of sign language volunteers.

(d) Establishment of crime and disaster prevention system

To establish systems to collect and disseminate information as well as to guide the disabled to a safe refuge at occurrence of emergency and disastrous situations, also to establish a system to prevent accidents and crimes against disabled persons.

(7) Promotion of sports, recreation and cultural events.

To provide support for sports, recreational and creative programs; to assure the disabled an access to sports facilities and recreational and cultural facilities; to provide them with sports, recreational, and cultural activities and information referral services regarding those activities.

(8) Promotion of international cooperation

As a member of the world community, Japan should play a major role

in the disability related fields in order to contribute to the realization of "full participation and equality" of disabled people in every county in the world.

Japan should also actively carry out programs for the "U. N. Decade of Disabled People" and further promote international cooperation.

2. Major Policies of Local Governments

In March 1987, the Japan Council for IYDP conducted a mail survey to 361 local governments which made long-term action plans for disability related policies, asking their progress and future issues in implementation of the plans.

Twenty-nine prefectures and specially designated cities, 103 cities and wards, and 14 municipalities and villages, totaling 146 local bodies, responded. The response rate was 40%. Following are the summaries of the major policies which had been carried out since 1982 and the ones which are planned to be implemented from 1987 on.

(1) Awareness raising and public relations

Various events such as welfare conferences, memorial events, meetings of the disabled, public recognition, publishing informational newsletters, special feature articles in regular newsletters, use of mass-media, promotional videos and film making, and publication of booklets for the

youth, were among the activities carried out by many local governments. Specially welfare shops, designating ordinary citizens as one-day directors at an institution, welfare funds, volunteer home-visiting programs, and volunteer training programs were interesting policies. Similar programs have been seen in the second half of the long-term action plans of many local bodies. Some local governments plan to issue a magazine to promote social participation of persons with disabilities.

(2) Day care and education

In the field of care of disabled children, in the first half of the long term plan, expansion of day care programs (expansion of target day nursery and target population), enhancing training of day care workers, and increasing the number of day training facilities were among major measures of local governments. For the second half of the long-term plan, improvement of worker training and quality, day care for school age children with disabilities and consultation program by mobile professional teams at regular day care centers are to be included in addition to the above mentioned measures.

In the field of education, increase in the numbers of special classes and schools for disabled children, improvement in facilities, improvement in educational contents, enhancing training

program, and expansion of counseling and guidance for preschoolers were focal programs. In addition, education on welfare and social education were carried by many of them.

For the second half, improvement in social education and high school level education (including revision of subjects and classes, teachers' training, coordination between related agencies and organizations and active use of educational devices are mentioned. Measures for the integration of various educational policies are not much mentioned in either the first half or the second half of long-term action plans.

(3) Employment

Basically employment is one of the major national policies.

However, it is also regarded as a major policy issue at the relatively large-sized local government level. Such measures include a campaign to promote employment of disabled people including public recognition of corporations with good standing; promoting corporations which hire many disabled workers including third sector projects, establishment of association money for, and advisory bodies on employment measures providing incentives and preparing employment for disabled persons and active hiring by local governments. In the second half, in addition to improvement in the existing measures, eight more local

bodies are planning (or considering) to create corporation by the third sector system and the purpose is to employ many disabled workers. Also, establishment of a network of related agencies or organizations, and increasing counselors have been planned.

In the first half of the action programs, in the field of protective employment the key policy among most bodies was grants to (unauthorized) small scale workshops, followed by increasing residential and non-residential sheltered workshops. In addition, establishment of welfare corporations for disabled people, homes for disabled people in protective employment, a center for sheltered workshops, subcontract work at home for disabled people and management skills training for sheltered workshops took place. For the second half, as a whole there are no major policy changes expected, but two new corporations for disabled people have been under consideration, and building homes for disabled people who is engaged in protective employment are also under consideration. Furthermore, some local bodies have started a study on protective work places, provision of park cleaning jobs, supplying labor workshop trainees to private companies and protective employment at home.

(4) Social services

Among major social service measures

in the first half of the action plan, there were home helper and care attendant services, recruiting and training volunteers, provision of mini-facsimilies and subsidies to organizations of disabled people. For the second half, in addition to improvement of the existing services, many local governments have plans to change delivery systems by establishing new provider organizations, structuring volunteer organizations, establishing welfare public agencies (2 added) and welfare funds (2 added), and considering community-based care systems.

New types of services such as a program to send braille training instructors to blind people who lost sight after birth has drawn some attention.

In the field of institutional service, building small scale workshops, sheltered workshops, welfare centers (including day services) and residential homes and dormitories, were quite popular. The trend is the same for the second half.

In regard to monetary provisions for the first as well as the second half, encouraging the use of national programs and creation of allowances by local governments are the key policies.

(5) Health and medical care

While at the prefectural level, plans for building comprehensive rehabilitation centers and children's medical and care centers were observed, but at the

municipal level many did not respond to the question. Their major policy was operation of rehabilitation classes. As a whole, efforts to construct systems for prevention, early detection, early treatment, and rehabilitation, and social rehabilitation measures for mentally disabled persons were emphasized. Among general medical services stressed were medical cost subsidies for severely disabled people and dental care services. Some local bodies started home visiting nurse services. As major programs for the second half, measures for mentally disabled people and the construction of comprehensive rehabilitation centers are under consideration by many local bodies.

(6) Living environment, housing, and transportation

During the first half, establishing a summary of essential points concerning a barrier free environment and its implementation, establishing taxi services for disabled and elderly people, construction of the public housing for disabled persons, giving higher priority to the disabled, in housing, house modification subsidies and other measures were carried out by many local bodies. For the second half, many local bodies are planning to establish or review barrier free environment recommendations, and some have plans for welfare homes for disabled people and group homes.

(7) Hobbies, sports and recreations

Many measures were planned out in this field such as various sports events, improving the sports facilities and their maximum use, training of instructors, sports classes and clinics, cultural meetings, art exhibitions, recreational activities and cultural lectures. For the second half, in addition to the above programs are planned such as day services and programs to expand the sports players' population.

3. Disability Organizations' Requests for the Second Half of the Decade

Among nationwide disabled people's organizations and disability related organizations in Japan the three major ones are as follows. The Japan Council for IYDP, the Japanese Federation of Physically Disabled People's Organizations, and the Japanese National Council for Social Welfare. Here are the request items defined by the Japan Council for IYDP (JCIYDP).

The JCIYDP was established in the International Year of Disabled People in 1980 with more than 100 participating organizations. It was significant that this coalition encompassed various types of disability organizations across the nation. In 1981 it produced its own long-term action plan.

In 1987 the action plan for the second half of the decade and "major request items for the action plans for the second half" were decided by the council.

Major Requests made by the Japan Council for IYDP for the Second Half of the Decade

1. By firstly reviewing the scope and range of assessment procedures for disabled people, thereby to establish relevant social service provision for them that responds to and meets their individual lifelong needs. (In accordance with the definitions of disability given by the U.N.).
2. To establish a comprehensive system to research into the lifelong needs of disabled people.
3. To establish a system guaranteeing the participation of disabled people and their advocates in all aspects of national and local government policy-making processes.
4. To establish more policies that increase disabled peoples' abilities (ie. assistance in daily life, home management, etc.) Also to increase their human rights and status in society.
5. To implement a "Disabled Person's Employment Promotion Law" which covers all types of disability; to improve the content and quality of employment prospects for disabled people.
6. To provide official recognition and financial assistance for small-scale workshops, thus providing them equivalent status as some sheltered workshops. A thorough review of the current sheltered-workshop system needs to be implemented.
7. To develop community-based social service provision in such ways as day-care programs, community-care services, counseling and day-workshops etc., in order to improve the quality of disabled peoples' lives.
8. To secure an adequate income for disabled people so that they can live independently; to provide money for the establishing of attendant-care systems relevant to the individual's needs (including the development of technical aids).
9. To review the number, position and functioning of residential-care facilities so that they truly assist disabled people to attain independence. To improve the training of residential workers. To thoroughly review the costs of such facilities.
10. To increase the housing supply for disabled people, especially residential homes and living facilities providing care services in the public-housing sector. Improvements need to be made in the environment of residential care; houses, public buildings and transportation systems need to be made more accessible.
11. To review the current systems providing care and education for disabled children; to improve the systems of early detection and treatment of disability; to also develop better conditions in kindergartens and day-care centers for disabled children.
12. To enforce measures for integrated education this includes changing the current education system, improving and developing better schools and classroom conditions for disabled children. Also, to ensure that policies provide them with post-secondary and higher education opportunities.
13. The developing of community-based medical care, and specialized medical care systems. To develop rehabilitation systems in the community by networking health, medical and welfare services. In particular, the establishing of relevant training systems for medical specialists and related staff in the above is required.
14. To improve and expand the programs providing medical-costs assistance via public funds for those people with chronic illnesses, and to develop appropriate medical treatment.
15. To enact "The Mental Health Law" protects the human rights of mentally-ill people, and to facilitate their full participation in society.
16. To improve and develop programs that give the general public a greater awareness of the needs and potential of disabled people.
17. To appropriate the funds necessary to implement the above-mentioned measures.

Chapter 4

Medical Rehabilitation

I. Outline of Medical Care System in Japan

1. Outline of Medical Care Services

(1) Classification of Medical Care Delivery Systems

In Japan, medical care facilities in a narrow sense are classified into three types: the hospital, the medical clinic and the dental clinic. Facilities which have 20 or more beds are classified as hospitals while those with less than 20 beds are classified as clinics. The number of clinics with beds accounts for 33.1% of all clinics in Japan. In other countries, usually all medical facilities with beds are classified as hospitals whereas those with no bed are into the clinics.

As indicated in Table 4-1, 2, there has been a steady increase in the number of medical care facilities and beds over the past 40 years after World War II in Japan. As of 1985, there were 9,608 hospitals (7.9 per 100,000 population), 78,927 medical clinics (65.2 per 100,000 population) and 45,540 dental clinics (37.6 per 100,000 population). The number of beds in hospitals and clinics per population in Japan is considerably higher than those in western

countries amounting to 1,469.7 per 100,000 population.

Hospitals in Japan are classified into five types; mental hospitals, contagious diseases hospitals, sanatoria for tuberculosis and leprosy and general hospitals. Today, the number of isolation hospitals, and sanatoria for tuberculosis and leprosy are very few compared with general and mental hospitals which respectively account for 88.8% and 10.7% of all hospitals.

Unlike in other countries, under the present system patients who require long-term hospitalization stay in the same hospitals as those who require short-term hospitalization. Both acute and chronic patients are hospitalized in the same general hospital too. Compared with western countries, in addition, there is a big shortage of medical facilities other than hospitals in Japan (i.e. welfare facilities for the aged and for the disabled). The capacity of existing welfare facilities for the aged is 205,571 which is only 11.6% of the total capacity of hospitals and clinics. This accounts for the high average duration of patient stay in hospital per admission

Table 4-1 Change of the Number of Medical Facilities

	Number of Facilities								Per 100,000 Population		
	Hospital						Medical Clinic	Dental Clinic	Hospital	Medical Clinic	Dental Clinic
	Total	Mental Hospital	Isolation Hospital	T.B. Hospital	Leprosarium	General Hospital					
1955	5,119	260	73	676	14	4,096	51,349	24,773	5.7	57.5	27.7
60	6,094	506	58	595	14	4,921	59,008	27,020	6.5	63.2	28.9
65	7,047	725	46	340	14	5,922	64,524	28,602	7.2	65.7	29.1
70	7,974	896	35	160	14	6,869	68,997	29,911	7.7	66.5	28.8
75	8,294	929	27	87	16	7,235	73,114	32,565	7.4	65.3	29.1
80	9,055	977	20	39	16	8,003	77,611	38,834	7.7	66.3	33.2
85	9,608	1,026	12	27	16	8,527	78,927	45,540	7.9	65.2	37.6

Source: "Survey on Medical Facilities," Ministry of Health and Welfare

Table 4-2 Change of the Number of Hospital Beds

	The Number of Hospital Beds										Per 100,000 Population	
	Total	Hospital							Medical Clinic	Dental Clinic	Hospital	Medical Clinic
		Total	Mental Hospital	Isolation Hospital	T.B. Hospital	Leprosarium	General Hospital					
1955	626,716	512,688	44,250	19,177	236,183	14,095	198,983	113,924	104	574.3	127.6	
60	852,025	686,743	95,067	22,713	252,208	14,260	302,495	165,161	121	735.1	176.8	
65	1,077,971	873,652	172,950	24,179	220,757	13,230	442,536	204,043	276	889.0	207.6	
70	1,312,628	1,062,553	247,265	23,144	176,949	13,217	601,978	249,646	429	1,024.4	240.7	
75	1,428,482	1,164,098	278,123	21,042	129,055	14,020	721,858	264,085	299	1,039.9	235.9	
80	1,607,482	1,319,406	308,554	18,218	84,905	12,235	895,494	287,835	241	1,127.1	245.9	
85	1,778,979	1,495,328	334,589	14,619	55,230	10,471	1,080,419	283,390	261	1,235.5	234.2	

Source: "Survey on Medical Facilities," Ministry of Health and Welfare

Table 4-3 Average Length of Stay of Inpatients by Type of Hospitals

	Total	Mental Hospital	Contagious disease Hospital	T.B. Hospital	Leprosarium	General Hospital
1960	57	333	17	328	7,969	28
1965	57	434	18	409	11,733	30
1970	55	455	18	385	11,099	33
1975	55	487	17	318	14,149	35
1980	56	535	18	253	7,251	38
1984	55	539	16	215	8,560	39
1985	54	536	18	207	9,748	39

Source: "Report on Hospitals," Ministry of Health and Welfare

Table 4-4 Hospital Beds by financier, Oct. 1, 1985

	Percentage Distribution by Type of Hospitals					
	Total	Mental Hospital	Contagious Disease Hospital	T.B. Hospital	Leprosarium	General Hospital
Total	100.0	100.0	100.0	100.0	100.0	100.0
Government	10.9	2.8	8.9	38.8	98.5	11.1
Local governments and other public organizations	22.3	9.3	85.0	28.9	—	25.4
Social Insurance Organization	2.5	0.1	1.2	3.5	—	3.3
Medical Corporation	33.9	58.4	1.5	11.9	—	28.2
Private Individual	17.7	18.6	—	6.4	—	18.4
Others	12.8	10.8	3.4	10.5	1.5	13.7

Source: "Survey on Medical Facilities," Ministry of Health and Welfare

Table 4-5 Type of Equipment and Number of Hospitals in which it is installed

	Number of Hospitals	Ratio to Number of Hospitals(%)
Number of Hospitals	9,574	100.0
Number of hospitals with this equipment	8,802	91.9
Fibergastroscope	6,053	63.2
Fibertracheobronchoscope	2,454	25.6
Computerized Tomography for Head	1,165	12.2
Computerized Tomography for Whole Body	1,448	15.1
Digital Radiography	170	1.8
Encephaloarteriograph and Sequent Angiocardiograph	1,778	18.6
Radioisotograph	974	10.2
Linear Accelerator	282	2.9
Cobalt 60 Telerentgenograph	499	5.2
Vital Sign Monitor	2,195	22.9
Perinatal Care System	1,969	20.6
Perinatal Respirator	1,477	15.4
Microsurgery Apparatus	1,152	12.0
LASER Surgical Knife	510	5.3
Defibrillator	3,134	32.7
Dynamic electro Cardio Scanner	1,557	16.3
Biochemical Autoanalyser	2,460	25.7
Blood Gas Analyser	3,033	31.7
Echograph	5,778	60.4
Electro Encephalography System	5,915	61.8
Artificial Kidney	1,464	15.3

Source: "Report on Survey of Medical Care Institutions", Statistics and Information Department, of Health and Welfare

Cross, non-profit organizations, medical corporations (private corporations with more than three physicians) and private individuals (physicians).

More than half Japanese hospitals and clinics are private which is quite different from the situation in other countries. It is such private hospitals run by medical corporations or private individuals that constitute most of the large increase in the number of hospitals for the last 40 years since World War II as mentioned before. As shown in Table 4-4, of the total number of hospital beds in Japan, governmental and other public hospitals occupy as little as 33.2%, whereas private hospitals run by medical corporations and private individuals occupy 51.6%. But private hospitals on a profit basis (proprietary) such as

Table 4-6 Number of Hospital Personnel by Profession and by Type of Hospitals (per 100 beds), Oct. 1, 1985

	Total	Physician	Dentist	Pharmacist	Nurse	Technician	Others
Hospital	79.1	11.8	0.6	1.9	39.9	7.8	17.2
Mental Hospital	40.7	3.7	0.1	0.8	24.7	2.2	9.2
Contagious disease Hospital	18.5	2.5	—	0.9	8.2	1.1	5.8
T.B. Hospital	43.9	4.9	0.0	1.3	21.7	4.1	12.0
Leprosarium	33.7	1.3	0.2	0.4	19.8	1.2	10.9
General Hospital	87.4	13.5	0.7	2.1	43.2	9.0	18.9

Source: "Report on Hospitals," Ministry of Health and Welfare

amounting to 39 days in a general hospital. Japanese patients stay in hospitals far longer than in other countries (Table 4-3).

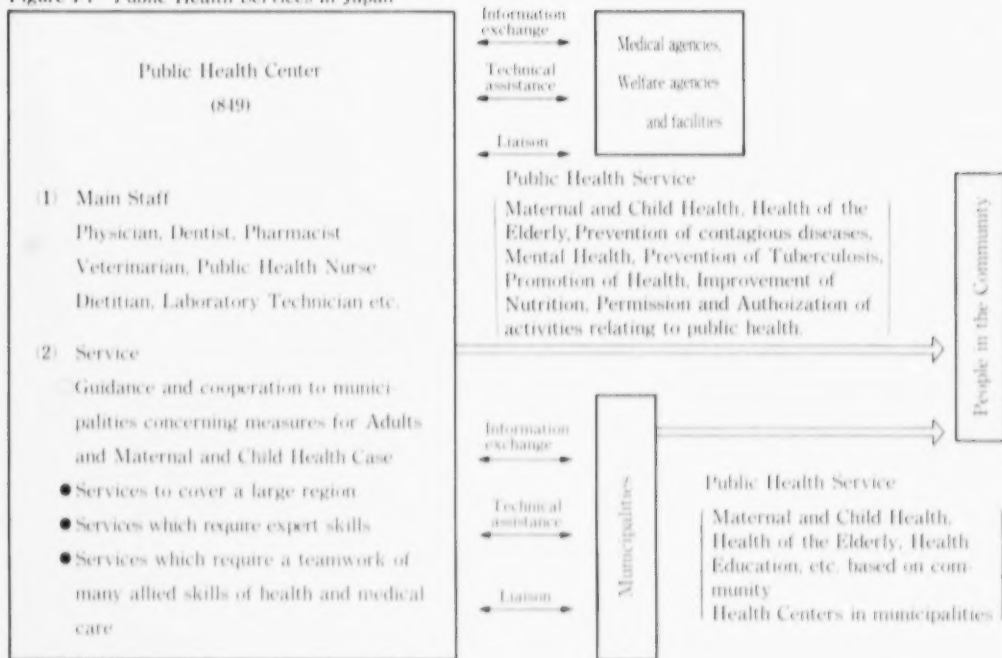
(2) Financing of Hospitals

Financing of medical facilities in Japan is of many types and the total number is as many as 24 according to the detailed classification made by the Ministry of Health and Welfare. The major financiers include the Government, municipalities, Japanese Red

joint-stock corporations are not approved in Japan.

Since most of the hospitals are privately operated, their average size is relatively small, amounting to 155.6 beds per hospital. Hospitals which have more than 300 beds are 13.9% of all. Lately, however, as medical technology advances, establishment of mammoth hospitals centering around private university hospitals is showing a considerable

Figure 4-1 Public Health Services in Japan



increase.

(3) Function of Hospitals

As indicated in Table 4-5, the rate of high technology machine installation in Japanese hospitals is considerably high.

For example, 15.1% of all hospitals have whole body computed tomography and 15.3% have hemodialyzers, both of these being the highest rates in the world.

On the other hand, the number of personnel per bed in Japanese hospitals is much smaller than in other countries.

Table 4-6 shows that the average number of personnel per 100 beds is only 79.1 persons in all hospitals and 87.4 persons even in general hospitals. The shortage of manpower has resulted in difficulties in providing patients

with high quality medical care. This is another problem causing the long average time of hospitalization in Japan.

(4) Public Health Center and Community Health Service Center

Health services other than medical care for people in a community are rendered by public health centers and municipalities. (Figure 4-1). The public health center is an administrative agency established by prefectural or large city government and is equipped with professionals and facilities of various types. As of 1985, there were 849 public health centers throughout Japan. In municipalities, placement of public health nurses and development of community health service centers has advanced. There are 768 community cen-

Table 4-7 Allied Skills relating to Medical Care

Profession	Number (1984)	Per 100,000 Population	Number of Schools (April 1986)	Total of Admissions to School (April 1986)	Profession	Number (1984)	Per 100,000 Population	Number of Schools (April 1986)	Total of Admissions to School (April 1986)
Physician	181,101	150.6	80	8,300	Dental Technician	29,339	24.4	73	3,588
Dentist	63,145	52.5	29	3,360	Radiation Technician	26,703	22.2	29	1,557
Pharmacist	124,390	103.5	46	7,725	X-ray Technician	4,199	3.5	—	—
Public Health Nurse	20,858	17.3	61	2,440	Laboratory Technician (clinical)	87,905	73.1	77	4,195
Midwife	25,887	21.5	80	1,995	Laboratory Technician (public health)	117,182	97.5	—	—
Nurse (practical)	324,289	269.7	855	37,253	Massage/Chiropractor	86,024	71.5	169	3,401
Associate Nurse	301,484	250.7	645	32,624	Acupuncturist	52,794	43.9	97	2,793
Physical Therapist	5,265	4.4	44	1,016	Moxibustionist	51,433	42.8	97	2,793
Occupational Therapist	2,142	1.8	29	615	Judo Repositionist	16,779	14.0	14	1,050
Orthoptist	1,254	1.0	3	120					
Dental Hygienist	29,178	24.3	126	6,836					

Source: "White Paper on Health and Welfare," Ministry of Health and Welfare.

ters throughout Japan to provide health services for adult diseases, child and maternal care and so on sponsored by municipalities as well as by voluntary health service activities in the community.

Public health services used to be the major service given by public health centers, but recently their function has been expanded to include various active rehabilitation programs for disabled children and adults.

(5) Establishment of Guidelines for Medical Care Services

Traditionally, hospitals as well as clinics were under "the free practice system" and there were practically no official medical guidelines to follow in Japan.

However, the revised Medical Service Law, enacted in 1985, requires prefectures to set up community medical care guidelines to follow. The major subjects included in the guidelines are as follows. 1) Establishment of medical care service zoning to develop an

organized medical care delivery system. 2) Standardization of the number of hospital beds necessary in the medical care service zoning. 3) Establishment of goals for improvement of hospitals in line with their particular medical care function. 4) Cooperation among hospitals and clinics in the area of function and operation. 5) Procurement of medical care personnel.

Consequently, unlike the way formerly operated, control over medical care facilities is anticipated to strengthen in the future. For example, new addition of hospital beds will not be approved in principle in areas where the number of hospital beds has exceeded the numbers established in the guidelines.

2. Outline of Medical Personnel

Table 4-7 shows the present situation of the officially accredited professionals engaged in medical care.

Traditionally in Japan, accreditation of

Table 4-8 Medical Insurance system

(as of April 1, 1986)

		Employees Health Insurance		Seamen's Insurance	Mutual Aid Associations (Government Officials)	Mutual Aid Associations (Local Public Service Personnel)	Mutual Aid Associations (Private School Personnel)	National Health Insurance	
Persons to be covered		Employees		Day Laborers	Seamen	Government officials and personnel of public corporations	Local public service personnel	Private school personnel	Farmers, Self-employed, etc.
Operating Body (as of March, 1986)		Government (Social Insurance Agency)	Health Insurance Societies (1,725)	Government (Social Insurance Agency)	Government (Social Insurance Agency)	Mutual aid associations of public agencies and corporations (277)	Mutual aid associations of local public service personnel (341)	Mutual aid associations of private school personnel (11)	Municipalities (3,270)
Number of Enrollment (as of March, 1986 in 10,000)		1,529 (Dependents 1,706)	1,240 (Dependents 1,671)	22 (Dependents 14)	19 (Dependents 41)	192 (Dependents 260)	298 (Dependents 394)	35 (Dependents 33)	Municipalities 4,134 National Health Insurance Associations 349 (4,483 in total)
Insurance Benefit	Coverage	90% (80% upon a notification by the Minister of Health and Welfare)		*At the medical agencies of one's choice, a partial self payment is 100yen when the medical fee is 1,500yen and over, 200yen for 1,501-2,500yen, 300yen for 2,501-3,500, and 10% for 3,501 yen and over.				70%	
	Coverage for Dependents	80% for inpatient services and 70% for outpatient services						80%	
	Major Medical Expense System	Major Medical Expense System, When a partial self payment exceeds 34,000yen, (30,000yen for low income persons), the exceeding amount is subsidized. 1) Adding up of medical expenses in a family. When a self payment of over 30,000yen (21,000yen for low income persons) is made more than twice these may be added up and the amount exceeding 34,000yen is covered. 2) In the case the Major Medical Expense payment is made more than four times for 12 consecutive months, the limit of the self payment from the fifth time is to be lowered to 30,000yen (21,000yen for low income persons). 3) For patients with hemophilia and on dialysis treatment, the limit of the self payment is set as 10,000yen a month.						90% for inpatient services and 70% for outpatient services	
	Cash Benefit	●Hospital allowance ●Childbirth allowance ●Nursery expenses, etc.		Same		Same		Same	

medical professionals has been given by the central or local governments and not by any professional organizations. Now, a growing number of physicians are certified based on the specialist systems in which each specialized medical association issues certificates to qualified professionals.

Among the professions listed in the table, physicians, dentists and pharmacists are trained at colleges and universities, 6 years for medical schools and dental colleges, and 4 years for colleges of pharmacy. The rest are mostly trained at special training schools for 2 or 3 years, rarely trained at colleges.

As of 1984, the total number of physicians in Japan was 181,101, the ratio being 150.6 physicians per 100,000 population. It was below the standard in western countries.

With the establishment of medical schools in rapid succession since 1970, the number of new medical students significantly increased,

from 4,380 in the year 1970 to 8,300 in the year 1986, 89.5% increase in 16 years. As the result, the ratio of physicians is anticipated to jump to 220 physicians per 100,000 population in the year 2000 and 340 physicians in the year 2050, "the day of physicians oversupply" being foreseen. "A Committee to Review the Needs and Supply of Physicians for the Future" sponsored by the Ministry of Health and Welfare made a recommendation in 1986 to cut down new physicians by at least 10% by 1995.

In Japan, general practitioners have dominated in number formerly whereas house staff doctors have significantly been increasing in number since 1970. In 1984, 59.5% of all physicians were working in medical care facilities while 36.3% had the private practices. Particularly, as many as 18.3% of all doctors worked at university hospitals.

3. Outline of Medical Insurance Systems

Generally speaking, there are 2 types of medical insurance system; the tax supported national health service and public health insurance financed by premiums. In Japan the government established "the National Health Insurance Plan" in 1961. It is compulsory for all the Japanese to join some kind of public health insurance plans. These are supplemented by various government funds. These health insurance plans and public health care programs are subdivided into many categories according to occupation, income, age, type of illness and so on. Until the 1970's, considerable increase of health insurance benefits and expansion of the government health care programs had been made due to the rapid growth of the Japanese economy. However, in the 1980's, financial difficulties of the government have put hard constraints on health care financing which include lowering of the benefit rate.

(1) Health Insurance

Health insurance programs in Japan are broadly divided into three categories; Employees' Health Insurance, National Health Insurance and a medical care program for the aged under the Law of Health and Medical Services for the Aged. The medical care program for the aged is a program supported by the two above mentioned insurance programs. Employees' Health Insurance includes health insurance for employees of enterprises, seamen's insurance and insurance of

mutual aid associations of various kinds. The National Health Insurance is a government and municipality sponsored contributory health insurance program, primarily for the residents not covered by Employees' Health Insurance (self-employed, un-employed, etc). The National Health Insurance has two types of programs; the cooperative managed health insurance program for employees of major enterprises and the government managed one for employees of medium and smaller-sized enterprises.

As indicated in Table 4-8, the National Health Insurance handles the largest number of policy holders, 45.03 millions which accounts for 37.6% of the total population. The second largest group of subscribers is that of the government managed and the cooperative managed Employee's Health Insurances amounting to 32.34 millions (27.9% of the total population) and 29.11 millions (24.1% of the total population) respectively, including family members of the insured.

The medical insurance involves cash payment and medical service benefit. The medical service benefit is usually provided in the form of direct medical care service. The benefit rate varies depending upon the types of medical insurance. In general, the Employees' Health Insurance provides better coverage than the National Health Insurance. The Employees' Health Insurance covers 90% of hospitalization and outpatient service costs for the insured, and 80% of hospitalization costs and 70% of outpatient service costs for their family members,

Figure 4-2 Outline of Health and Medical Services for the Aged

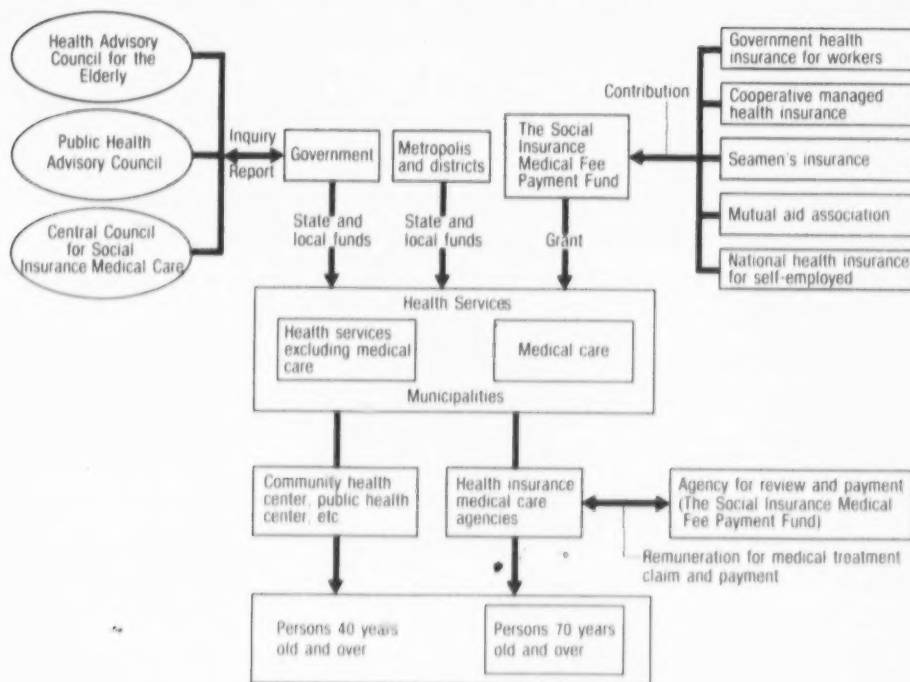


Table 4.9 Laws relating to Government Health Care Programs

- Contagious Prevention Law, 1897
- Child Welfare Law, 1947
- Preventive Vaccinations Law, 1948
- Venereal Disease Prevention Law, 1948
- Law for the Welfare of Physically Disabled Persons, 1949
- Mental Hygiene Law, 1950
- Daily Life Security Law, 1950
- Tuberculosis Prevention Law, 1951
- Leprosy Prevention Law, 1953
- Atomic Bomb Victims Medical Law, 1957
- Law for Special Aid to Wounded and Sick Veterans, 1963
- Maternal and Child Health Law, 1965
- The Law of Health and Medical Services for the Aged, 1982

whereas the National Health Insurance plans pay 70% of all hospitalization and outpatient service costs. In all health insurance plans, however, the amount of cost-sharing exceeding 54,000 yen a month is to be reimbursed under the Major Medical Expense System.

Payment from the health insurance to hos-

pitals and other vendors of medical services is made based on a fee for service contract which pays them in proportion to the kind and frequency of medical services given to individual patients. Unlike in other countries, there is a standard of official fees set for each medical care service which is applied com-

monly in all medical facilities in Japan.

(2) Health Insurance and Medical Care Service for the Aged

Health care service for the aged is provided to persons 70 years old and over who are covered by the Employees' Health Insurance or the National Health Insurance and those under 70 years old with disability certification. This program is managed by municipalities.

The provision of health care service for the aged is carried out based on the Health and Medical Services Law for the Aged enacted in 1983. As shown in Figure 4-2, a wide range of services in addition to medical care services is included, from preventive measures

to rehabilitation services and home visiting.

The amount of cost sharing for the service is 800 yen a month for outpatients and 400 yen a day for hospitalization which is apparently lower than other general health insurance plans. Prior to the enactment of the Law in 1983, however, persons of 70 years old and over got free services at public expense.

(3) Governmental Programs

The public health care programs are carried out either based on various kinds of laws as listed on Table 4-9 or by special budgetary measures. Among those listed, medical assistance under the Public Assistance Law had the largest group of service recipients, amounting to 910,000 as of 1985.

II. Medical Rehabilitation

1. Development After World War II

In Japan, the very first step of medical rehabilitation started before World War II. The most prominent among such efforts was a special care institution for orthopedically disabled children (Seishi-Ryogo-En) established in 1942 by Dr. Kenji Takagi, a professor of orthopedics, University of Tokyo. Education and training for development of vocational skills were provided to the children with orthopedic disabilities in parallel with medical treatment in the institution. During the war, rehabilitation programs for disabled persons with spinal injuries or other injuries were carried out at military hospi-

tals, such as the Institute for Care of War Veterans, where the provision of prosthetics and training for war veteran amputees was the major function.

It was under American occupation after World War II that medical rehabilitation made its real start. The government took the initiative at the beginning.

At first, the Child Welfare Law enacted in 1947 provided for each prefecture to set up one facility for physically disabled children, which had been achieved in all prefectures by 1964. As a result of the enactment of the Law for the Welfare of Physically Disabled Persons in 1949, the National Rehabilitation Center for the Physically Disabled and the National Rehabilitation Center for the Deaf

Table 4-10 Number of General Hospitals with PT/OT Rooms and Approved Medical Facilities for PT/OT Services, Sept. 1984

Number of Hospital beds	Total Number of General Hospitals	General Hospitals with PT Rooms		Approved Medical Facilities for PT		General Hospitals with OT Rooms		Approved Medical Facilities for OT	
			%		%		%		%
Total	8,500	4,869	57.3	1,024	12.0	806	9.5	305	3.6
20-49	2,351	727	30.9	12	0.5	35	1.5	4	0.2
50-99	2,401	1,276	53.1	78	3.2	118	4.9	20	0.8
100-299	2,732	1,981	72.5	441	16.1	371	13.6	139	5.1
300-499	658	555	84.3	264	40.1	149	22.6	65	9.9
500~	358	330	92.2	229	64.0	133	37.2	77	21.5

Source: "Survey on Medical Care Facilities, 1984," Ministry of Health and Welfare

were established, followed by many other rehabilitation institutions on the prefectural level.

However, services provided in these institutions were not medical rehabilitation in the real sense but somewhere between medical rehabilitation and vocational rehabilitation.

On the other hand, since the late 1950's, rehabilitation for patients suffering from cerebro-vascular diseases started and has been actively practiced, mainly in special hospitals at hot spring resorts. At that time, cerebro-vascular diseases took over the highest death ranking from tuberculosis and was regarded as a new national disease. Japanese people put high value on hot springs as places of therapy, since they have been of hot springs from older times. It is also important to note that the history of balneotherapy in Japan goes back to 1931, prior to World War II, when the Research Institute of Balneotherapy was established in the medical department of Kyushu University. Gradually, rehabilitation for patients with spinal cord injuries has come to be given in Workmen's Compensation Hospitals, and rehabilitation for patients with spinal cord injuries, tuber-

culosis, leprosy and so on in national sanatoria.

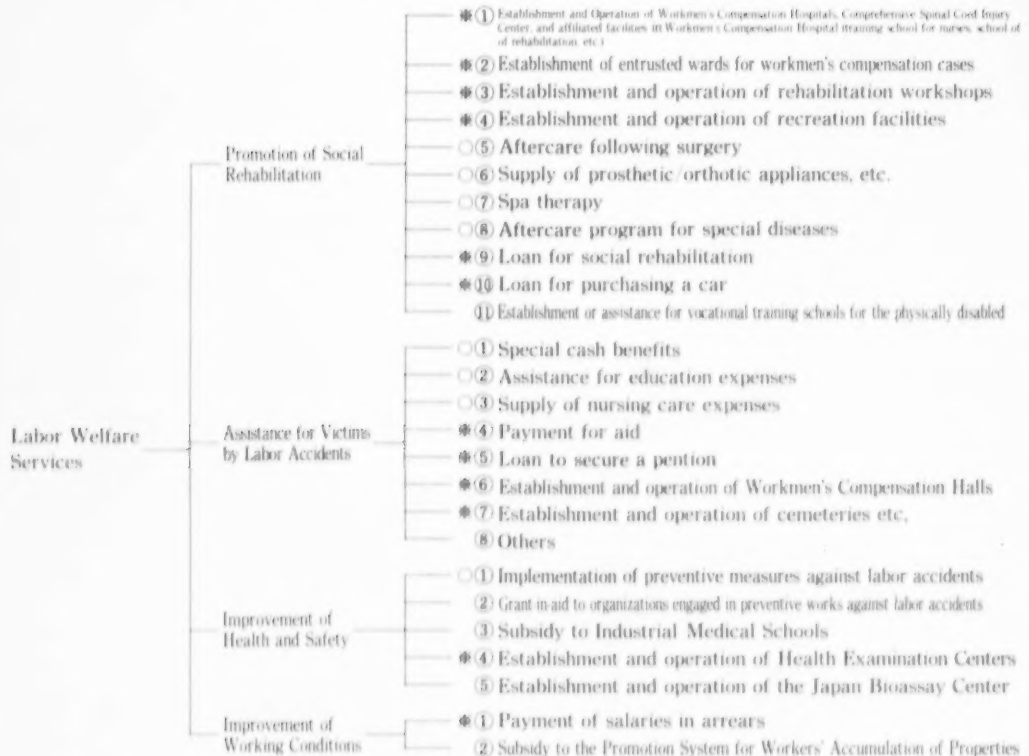
But in those days, there were no professional rehabilitation personnel and the programs were carried out mainly by orthopedists and some internists. Since around 1960, there has been a steady increase in the number of physicians who have studied at the United States completed specialized education medical rehabilitation apart from orthopedics and physical medicine.

All these movements formed an integrated basis for the establishment of the Japanese Association of Rehabilitation Medicine in 1963. In the same year, the first school for physical therapists and occupational therapists was established in Japan.

In 1966 became qualified professional physical therapists and occupational therapists upon passing the first state examination of this kind in Japan. Then, they organized the Japanese Association of Physical Therapists and the Japanese Association of Occupational Therapists.

As the number of members of the Japanese Association of Rehabilitation Medicine grows, physicians specialized in rehabilita-

Table 4-11 Outline of Labor Welfare Services
(Subsidiary Services of Workmen's Compensation Insurance)



Note: ○ implemented or supplied directly by the Ministry of Labor
❖ financed or granted to the Labor Welfare Corporation

tion medicine instead of orthopedists and internists, have come to be the central driving force in the medical rehabilitation field. Under these circumstances, the Association established a system of rehabilitation specialists in 1980. However, the establishment of specialized courses of rehabilitation medicine in medical schools is far from being sufficient. Only 4 among 79 medical schools have these courses.

2. Present Situation

(1) Medical Rehabilitation Facilities

As described in the previous section, medical rehabilitation in Japan started and developed soon after World War II in public facilities other than medical facilities in the narrow sense. This resulted in separating medical rehabilitation from the general practice of medicine. If given in a hospital, it was generally in the special hospitals at hot spring resorts, consequently, patients involved were mostly at the chronic stage. But in the 1970's, as health insurance came to cover the major

Table 4-12

Services of Consultation Centers for the Physically Disabled, 1984	
○ existing	① To provide medical, psychological and vocational evaluation of the physically disabled. ② To provide fit and evaluate prosthetic appliances.
○ Newly added	① To provide counseling for family members concerning problems of the physically disabled. ② To carry out research and information exchange for welfare promotion of the physically disabled ③ To provide education and training of personnel engaged in welfare work for the physically disabled ④ To give opinion and advise on evaluation of disability grading on the physically disabled for issuing handicapped person's handbook. ⑤ To provide the family of the physically disabled with guidance by domiciliary visits and also provide the district public welfare office with technical guidance and advise about the visiting guidance service.

port of medical rehabilitation services, most medical rehabilitation programs started to be carried out in general hospitals.

As shown in Table 4-10, of all general hospitals, 57.3% had some space for physical therapy in 1984. But hospitals equipped with full-time qualified physical therapists and machines and equipment for physical therapy of the standard approved for health insurance coverage, are as little as 12.0% of all hospitals. They are mostly large hospitals. While 64% of all large hospitals with more than 500 beds are approved to offer physical therapy programs, as few as 0.5% of small hospitals with 20-49 beds received the same approval. With occupational therapy, approved hospitals are 3.6% of all, and 21.5% of large hospitals.

Rehabilitation programs in general hospitals were practiced more widely, but it was an earlier start to the rehabilitation process which was needed.

Especially since around 1980, "rehabilitation in the early stages" which starts at the point of occurrence of the injury has been

actively practiced, mainly in the Metropolitan area.

In Japan, Workmen's Compensation Hospitals have a long history of rehabilitation programs. Throughout Japan there are 37 Workmen's Compensation Hospitals directly operated by Workmen's Compensation Insurance, which provide patients with comprehensive rehabilitation services along with general medical care. In addition, the Workmen's Compensation Insurance operates various programs for workers' welfare as listed in Table 4-11, which include quite a few rehabilitation service programs in the broader sense.

Rehabilitation programs in national hospitals and sanatoria had steadily developed since 1973, and the number of hospital beds for medical rehabilitation of patients suffering from cerebro-vascular diseases reached 7,600 in 1987. The National Rehabilitation Center for the Disabled, opened in 1979, has an special hospital with 100 beds.

Besides these hospitals, special nursing homes for the aged and various welfare facil-

Table 4-13 Education of Rehabilitation Medicine in Medical Schools

1. Independent Department				2. Lecture				3. Practice			
	1972	1978	1983		1972	1978	1983		1972	1978	1983
Yes	0	2	4	Yes	32(94%)	53(98%)	71(92%)	YES	19(56%)	33(61%)	49(64%)
Unorganized state	2	2	8	No	2(6%)	1(2%)	6(8%)	NO	15(44%)	20(37%)	28(36%)
No	32	48	65	Independently	11(32%)	15(28%)	24(31%)	Independently	6(18%)	7(13%)	13(17%)
Total	34	52	77	In other subjects	28	42	53	In other subjects	15	26	36
				Both	7	4	6	Both	2	0	0

* Number of schools (%)

ities for the physically disabled also provide some form of rehabilitation services, although they are not always sufficiently staffed with full-time qualified personnel.

Rehabilitation Consultation Centers for the Physically Disabled are specialized agencies to provide medical, psychological and vocational evaluation. All the prefectures and government ordinated cities are obliged to set up such centers in their districts. There were 62 such centers throughout Japan in 1986. The centers also have a function as clinics under the Medical Service Law and some of them play a key role in rehabilitation activities in the community. Revision of the Law for the Welfare of Physically Disabled Persons in 1984 added to its evaluation service consultation services as indicated in Table 4-12.

While medical rehabilitation services were provided primarily to patients in hospitals in the past, there is an increasing emphasis recently put on rehabilitation for patients living at home. This will be further mentioned in the following section of "Rehabilitation for elderly, bed-ridden people".

(2) Professional Rehabilitation Personnel

A known characteristic of modern medical rehabilitation is that it is carried out by the interdisciplinary teamwork of many kinds of professionals. While in Japan qualification systems for rehabilitation specialists, physical therapists, occupational therapists and prosthetists are established, that for other paramedical staff such as speech therapists, medical social workers and psychologists are not yet established.

① Rehabilitation Specialists

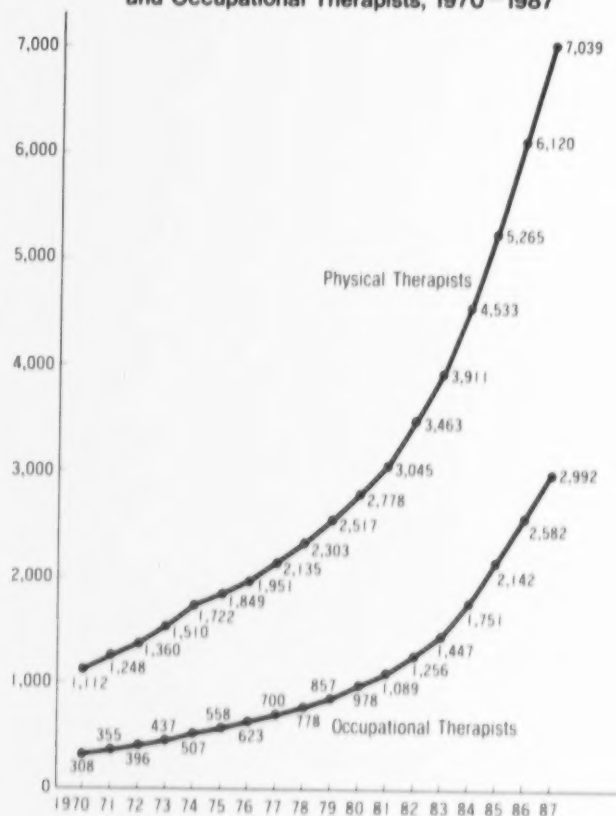
The qualification system of rehabilitation specialists by the Japanese Association of Rehabilitation Medicine was established in 1981, the International Year of Disabled Persons. The system establishes 1) a "rehabilitation specialist", a physician who has completed clinical training of three years or more in general rehabilitation medicine and has acquired knowledge and experience of the field above a set standard, and 2) a "rehabilitation expert", a physician specializing in other fields who has profound knowledge and experience of rehabilitation in his specialized fields.

Table 4-14 Number of PT/OT Training Schools and Student Admissions, 1975-1986 (April)

	Physical Therapist		Occupational Therapist	
	Number of Schools	Number of Student Admissions	Number of Schools	Number of Student Admissions
1975	11	200	5	100
1980	22	435	13	270
1981	27	555	17	360
1982	34	760	21	445
1983	38	880	24	505
1984	42	960	27	565
1985	43	980	28	585
1986	44	1,010	29	615

Source: A survey by Health Policy Bureau, Ministry of Health and Welfare

Figure 4-3 Number of Licenced Physical Therapists and Occupational Therapists, 1970-1987



The following are the six areas of clinical training required in rehabilitation medicine. 1) Brain diseases and injuries including cerebro-vascular diseases, 2) Spinal cord injuries and other diseases of the spinal cord, 3) Diseases of joints including rheumatism, 4) Children's diseases including cerebral palsy, 5) Neuro-muscular diseases, and 6) Amputation.

Rehabilitation of patients with circulatory and respiratory diseases are offered mainly by physicians other than rehabilitation spe-

cialists in Japan.

The qualification examination for rehabilitation experts and specialists is given once every year. As of 1987, the total number of those who passed the examination is 122 for rehabilitation specialists and 136 for rehabilitation experts.

On the other hand, education in rehabilitation in medical schools is still behind the demand. As indicated in Table 4-13, a nationwide survey conducted in 1983 found that the number of medical schools having indepen-

Table 4-15 Exercise Therapy, Occupational Therapy, etc. in Revised Health Insurance Ratings, 1974-1986

	Feb '74	April '76	Feb '78	June '81	March '85	April '86
Exercise Therapy						
{ at Approved facilities	40	60	80	120	130	130
{ Simple						
{ Complex	80	120	160	300	320	330
{ at Non-approved facilities	20	30	40	廃止	—	—
{ Functional training with machines and equipment	30	40	50		—	—
{ Hydrotherapy exercise	15	20	25		—	—
{ Thermotherapy	—	—	—		—	—
{ Complex exercise therapy for extended hours	—	—	—	90	90	90
{ Other simple exercise	—	—	—	55	55	55
Occupational Therapy { Simple	40	60	80	120	130	130
{ Complex	80	120	160	300	320	330
Speech Therapy	—	—	—	90	90	90
(conf.) The basic fee charged for a patient's first visit	60	90	125	145	180	195
	50	52	100	120	150	160

Note: Occupational therapy is covered only when practiced at approved facilities.

Table 4-16 Rehabilitation Expenses in All Medical Expenses, 1970-1985 (percentage)

Year	1970	75	80	81	82	83	84	85
Total	0.4	0.6	0.8	0.9	1.6	1.6	1.6	1.6
Hospitalization	0.5	0.8	1.0	1.1	1.3	1.4	1.6	1.5
Other excluding Hospitalization	0.4	0.6	0.7	0.8	1.8	1.7	1.6	1.6

Note: Government Administered Health Insurance, reviewed in June, each year
 Source: "Study Report on Social Insurance Medical Care by Type of Treatment,"
 Ministry of Health and Welfare

dent medical rehabilitation courses was as few as 4. Lectures on rehabilitation medicine are given at 92% of all medical schools but practical training is offered at 64% of them. The number of medical schools offering practice of rehabilitation medicine, independent of other subjects, is even fewer, accounting for 17% of all medical schools.

② Physical Therapists and Occupational Therapists

As shown in Table 4-14, the number and the capacity of educational facilities for PT and OT increased considerably in the 1980's. The total number of new students to be accepted was 1,010 for PT in 44 schools and 615 for OT in 29 schools in 1986. Consequently, the number of those who passed the state examination also showed a rapid increase to

7,039 for PT and 2,992 for OT by 1987 as seen in Figure 4-3. The major educational facilities for PT and OT are special training schools of 3 year education. Lately, junior colleges offering 3 year education are also steadily increasing in number.

③ Other Professionals

A national qualification system for orthotists and prosthetists was established under the Law for Orthotists and Prosthetists enacted in 1987. The qualification requirements are the same as PT and OT; completion of 3 year education at a special training school after graduation from senior high school with a certificate of the national examination.

For speech therapists, a national qualification system is not yet established due to the

Table 4-17 Supply of Prosthetic Appliances and Other Equipment under the Law for the Welfare of Physically Disabled Persons, 1985

	Number of application	Approved			
		Number of cases	Costs	Average costs per case	Coverage (%)
Numbers of Items issued in:					
1975	106,161	102,609	3,263,949	31.8	96.9
1980	116,211	112,645	4,868,307	43.2	94.9
1985	212,260	209,235	7,285,442	34.8	91.3
Items issued in 1985					
Prosthesis	12,572	12,419	1,579,391	127.1	96.3
Orthosis	21,435	21,222	959,720	45.2	93.0
Cane for the blind	9,048	8,784	26,337	3.0	77.6
Artificial eyes	1,040	1,029	39,051	37.9	91.6
Spectacles	2,076	1,986	33,490	16.8	87.7
Braillewriter	1,215	1,205	8,078	6.7	81.0
Hearing aid	31,243	30,656	1,126,248	36.7	88.5
Artificial Larynx	103	94	439	4.7	72.9
Wheelchair	27,687	27,139	2,675,274	98.5	94.7
Walker	805	782	25,380	32.4	87.3
Helmet	502	498	5,216	10.5	78.1
Urine collecting device	1,653	1,641	12,545	7.6	87.5
Device for stoma	88,987	88,263	734,180	8.3	71.9
Canes and crutches	13,166	12,801	53,574	4.2	78.0
Others	728	716	6,511	9.1	79.7

Source: Report of "Social Welfare Administration," Ministry of Health and Welfare

fact that an official agreement has not been reached among the people concerned. The number of speech therapists who are presently working in the medical field is estimated as approximately 800.

In 1987, the Law for Social Workers and for Care Workers was enacted under which a national examination for both professions will start in 1989. Unlike in other countries, however, a "social worker" under the Law refers exclusively to those working in welfare fields, excluding those working in medical field.

(3) Costs of Medical Rehabilitation

Up to the first half of the 1970's, rehabilitation services covered by health insurance were limited in kind and very low in the numerical system of rating (economic value). Revision of the system of remuneration for

medical treatment in 1974 brought about a steep rise clerical points concerning rehabilitation services as shown in Table 4-15. As the result, "complex" physical therapy (occupational therapy) at approved facilities was counted as 3,300 yen per patient in 1986. It is almost twice the 1,800-1,500 yen fee for the first visit to a physician and the highest rating for professional skills other than those of physicians. On the other hand, clinical points are as low as 900 yen for "complex" physical therapy at non-approved facilities which are not staffed with full-time physical therapists and for services by speech therapists whose qualification system is not yet established. The rise of clinical points of medical rehabilitation services in health insurance has resulted in the steady increase of medical rehabilitation care costs in the

Table 4-18 Major Maternal and Child Health Care Programs (As of 1st June 1987)

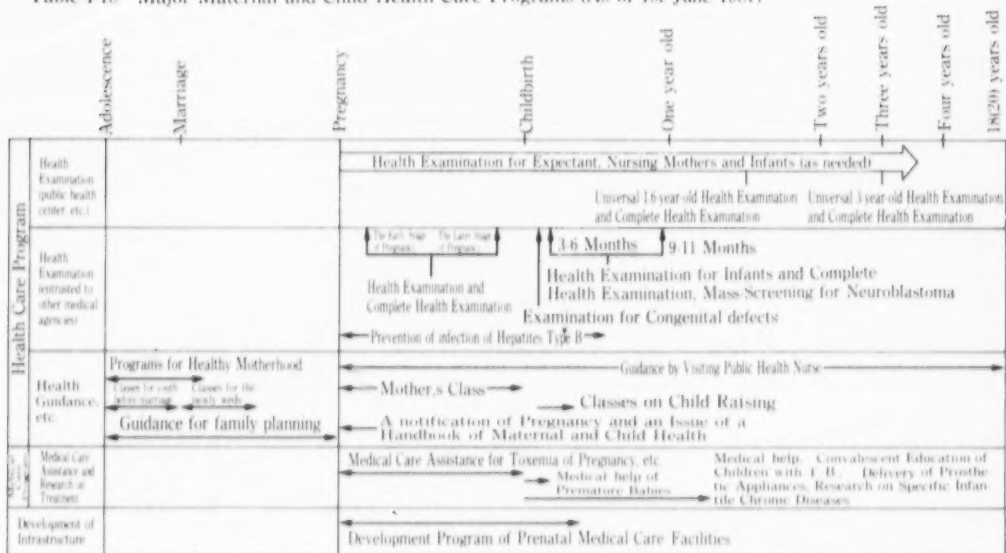


Table 4-19 Mass-Screening of Newborn Infants for Congenital Diseases, 1977-1985

Disease	Number Tested	Number of Patients Found	Ratio
Phenylketonuria	12,168,645	168	1/72,000
Maple Syrup Urine Disease	12,168,645	31	1/392,500
Histidinemia	12,168,645	1,469	1/8,300
Homocystinuria	12,168,645	58	1/209,800
Galactosemia	12,168,645	182	1/66,900
Cretinism (1979-1985)	8,846,297	1,151	1/7,700

Source: Maternal and Child Health Division, Children and Families Bureau, Ministry of Health and Welfare

total costs of medical care under health insurance, from 0.5% in 1975 to 1.6% in 1985 as indicated in Table 4-16.

Besides health insurance, various systems and laws cover the costs of medical rehabilitation services. The major laws concerned include the Law for the Welfare of Physically Disabled Persons, the Child Welfare Law, the Workmen's Compensation Law and the Employees' Pension Law. Prosthesis,

for instance, needs to be supplied with public financial assistance under these laws as it is not covered by any health insurance in Japan. As indicated in Table 4-17, the total costs of prosthetic appliances in 1985 provided by the Law for the Welfare of Physically Disabled Persons amounted to 7,285,440,000 yen for 209,235 cases.

(4) Present Situation of Rehabilitation by Type of Disability

① Prevention and Early Detection of Disabilities

As shown in Table 4-18, prevention, early detection and early treatment of disabilities are provided as part of the comprehensive measures for maternal and child health in Japan. Health examination is the most important of all these health measures, and a government program of health examination of three-year-old children (general examina-

tion and complete health examination) has been carried out since 1961. In addition, municipalities started health examination of one and a half-year-old children in 1977 as a government grant-in-aid program. By 1985 95% of all municipalities have implemented it.

Most notable of the preventive measures against disabilities in Japan is the examination for congenital abnormalities of the metabolism which started in 1977. A blood test (a very little blood is put on a dry filter paper for examination) is given to newborn infants at an early stage to check for phenylketonuria, maple syrup urine disease, histidinemia, homocystinuria and galactosemia, any of which may result in mental and physical disabilities if not found early and treated appropriately. A mass-screening program for congenital hypothyroidism started in 1979. The examination rate (the number examined divided by the number of births) of both examinations reached 99.4% and 99.5% respectively in 1985. Table 4-19 gives the results of the examinations. A mass-screening for neuroblastoma which is a kind of childhood cancer has been provided for six-month old children since 1984. This is the first program of this kind in the world.

The major assistance programs for medical care costs in this area include 1) medical care assistance for premature babies for newly born babies weighing less than 2500g, 2) assistance for early medical treatment for physically disabled children, including delivery and grant-in-aid for prosthetic appli-

Table 4-20 Number of Facilities for Orthopedically Disabled Children in Japan

	Number of Facilities	Capacity					
		General	For the Severely Disabled	For Mother and Child	Total	Non-Residential	Total
Total	73	6,108	1,408	420	7,936	1,128	9,065
Prevalence exceeds 100 per 10,000	31	2,804	414	242	3,460	360	3,820
Prevalence exceeds 50 per 10,000	16	1,331	350	116	1,797	320	2,117
Prevalence exceeds 20 per 10,000	26	1,973	644	62	2,679	448	3,127

ances, and 3) government health care assistance program for medical care of children's 9 chronic diseases.

② Rehabilitation for Children

Rehabilitation services for children have been developed centering around orthopedically disabled children. Institutions for orthopedically disabled children are multifunctional facilities which provide not only rehabilitation services, but also in most case welfare services and education in their attached special schools. As of 1986, there were 73 institutions for 9,065 orthopedically disabled children and 7,936 of them were institutionalized as shown in Table 4-20.

The prevalent types of disabilities, of children in these institutions have largely changed over the last 25 years. Table 4-21 shows the disability types of the institutionalized children by percentage. At the beginning, children's orthopedic disorders, including poliomyelitis, congenital dislocation of the hip joint and tuberculous arthrositis, occupied the largest part, but these remarkably decreased in number in the 1960's. Instead, the number of cerebral palsy (CP) children

Table 4-21 Number of Institutionalized Children by Type of Diseases, 1962-1986 (percentage)

Disease Year	Cerebral Palsy	Polio-myelitis	Congenital Dislocation of Hip Joint	Dystonia	Spina Bifida	Dysostosis	Hydrocephalus	Other Congenital Diseases	Tuberculous Arteriosclerosis	Other Arteriosclerosis	Scoliosis	Perthes' Disease	Sequela of Injuries	Rachitis	Progressive Muscular Atrophy	Others	Total	Number of Children
1962	31.7	29.2	12.3	0	1.4	0.7	0.2	4.1	5.1	4.2	0.6	1.4	2.4	0.5	1.1	4.6	100	1,645
63	33.6	21.2	17.3	0	1.4	0.8	0.3	3.5	4.1	2.7	0.6	1.6	3.1	0.4	1.3	5.7	100	1,889
64	40.3	23.4	12.8	0	1.4	1.0	0.3	3.4	3.4	1.6	1.0	1.8	3.0	0.5	1.5	4.6	100	2,174
65	45.5	19.7	11.6	0	1.4	1.1	0.3	3.9	2.1	0.8	1.0	2.2	3.3	0.5	1.5	5.1	100	2,659
66	51.1	16.9	10.0	0	1.6	1.0	0.3	3.4	1.4	0.8	0.6	2.8	2.9	0.6	1.4	5.2	100	3,050
67	51.7	15.2	7.8	0	2.1	1.4	0.0	4.5	0.7	1.2	1.1	4.5	1.9	0.5	1.8	5.5	100	5,385
68	57.2	11.9	7.4	0.5	2.1	1.6	0.2	4.4	0.5	0.9	1.0	3.3	2.5	0.5	2.1	3.9	100	3,479
69	57.0	9.4	7.5	0.4	2.3	1.9	0.3	4.0	0.5	0.6	1.4	4.8	2.8	0.4	2.1	4.6	100	5,786
70	57.0	8.3	7.4	0.6	2.8	1.6	0.3	3.9	0.4	0.8	1.3	5.2	2.4	0.5	1.9	5.6	100	6,611
71	60.8	5.4	6.3	0.4	3.0	1.7	0.3	4.0	0.1	1.0	1.4	5.3	1.9	0.5	1.9	6.0	100	6,653
72	61.7	4.4	5.3	0.4	3.6	1.7	0.4	3.6	0.1	1.2	1.5	5.7	2.5	0.4	1.6	5.9	100	6,600
73	63.8	2.6	5.3	0.3	3.7	1.7	0.6	4.3	0.1	0.4	1.6	5.7	2.3	0.2	1.4	5.8	100	6,831
74	64.8	1.2	4.9	0.3	3.7	1.7	0.6	4.1	0.1	0.5	1.4	6.1	2.2	0.3	1.4	6.7	100	6,849
75	65.3	0.7	4.6	0.2	3.8	1.5	0.7	3.6	0.2	0.6	1.3	6.2	2.0	0.2	1.4	7.7	100	6,207
76																		
77	64.0	0.4	3.6	0.1	3.9	1.6	0.7	4.0	0.2	0.5	1.9	7.1	2.9	0.2	1.6	7.3	100	7,129
78	63.6	0.2	3.1	0.2	4.0	1.6	0.7	4.1	0.2	0.4	1.9	8.0	2.5	0.2	1.9	7.4	100	6,750
79	63.9	0.2	2.6	0.2	4.1	1.5	0.8	4.5	0.1	0.4	1.7	7.9	2.6	0.1	1.9	7.5	100	6,714
80	62.8	0.1	2.7	0.1	4.5	1.5	1.1	4.2	0.1	0.3	1.5	8.1	2.9	0.1	2.0	8.0	100	6,562
81	61.7	0	2.7	0.2	4.4	1.7	1.1	5.0	0	0.3	1.1	8.1	3.3	0.1	2.3	8.0	100	6,436
82	61.4	0	2.3	0.1	4.5	1.5	1.3	4.8	0	0.3	1.3	8.3	3.2	0.1	2.0	8.9	100	6,393
83	59.2	0.1	1.9	0.1	4.9	1.6	1.3	4.8	0	0.4	1.5	8.0	3.5	0	2.4	10.3	100	6,347
84	58.9	0.1	1.8	0.1	4.8	1.4	1.1	5.5	0	0.4	1.1	7.7	4.2	0	2.6	10.3	100	6,180
85	57.7	0	1.5	0.1	4.8	1.5	1.2	6.0	0	0.2	1.1	7.9	4.2	0.1	2.5	11.2	100	6,052
86	56.9	0.1	1.2	0.2	5.1	1.4	1.3	6.7	0	0.3	0.9	7.8	4.0	0.1	2.5	11.5	100	5,794

Note: (1) Number from 1962 to 1972 is as of March 31 each year.

(2) Number of 1973 is as of 1st April 1974.

(3) Number of 1974 is as of 1st May 1975.

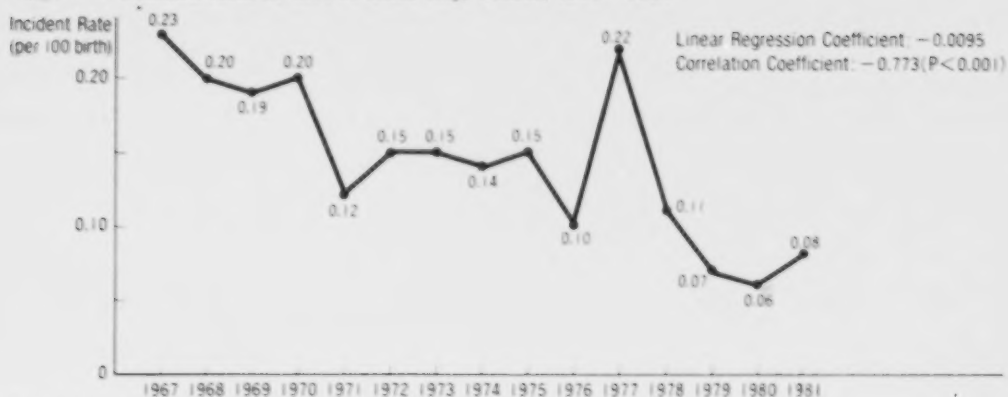
(4) Number of 1975 is as of 1st April 1976.

(5) Number from 1977 to 1987 is as of 1st March each year.

steadily increased to its peak, 65.3% of all in 1975, and decreasing to 56.9% by the year 1986. Recently, cases of spina bifida, and other congenital abnormalities, Perthes dis-

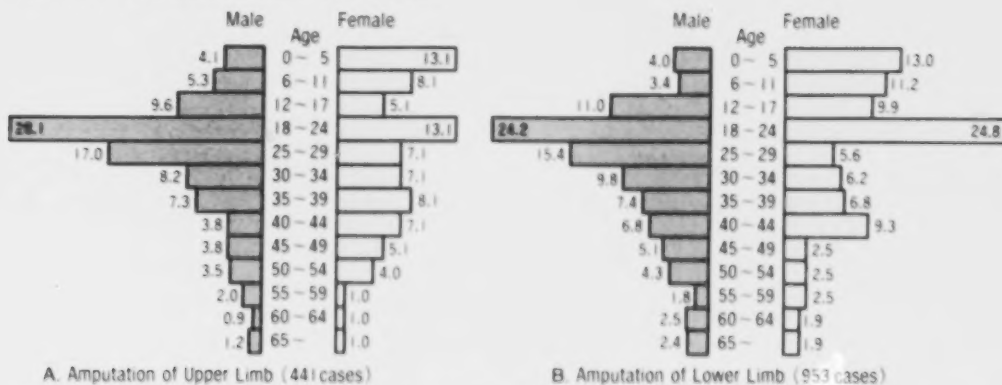
ease and sequelae of injuries have grown in number. These changes of disability types have resulted in the increasing severity and complexity of childrens' disabilities in

Figure 4-4 Incident Rate of C.P. in Suita City, Osaka, 1967-1981



Source: Cerebral Palsy 4, Ebe, 1985

Figure 4-5 Age at the Time of Amputation



A. Amputation of Upper Limb (441 cases)

B. Amputation of Lower Limb (953 cases)

Source: "Study Report for Standardization of Welfare Equipment", Japanese Association of Rehabilitation Medicine, 1976

institutions.

Most are residential care facilities, but lately non-residential programs have been expanded and some of them function as comprehensive rehabilitation centers for the community.

In the 1970's, very-early rehabilitation programs by the Bobath Method and Vojta Method were developed for children with cerebral palsy, and the institutions for orthopedically disabled children in the com-

munity acted as bases for this movement. As a result, the incidence of CP steadily declined. Figure 4-4 shows the change of incidence of CP in Suita City, Osaka where the very early rehabilitation program was systematically carried out. It indicates that the average incidence decreased to half, from 0.20% in 1967-1970 to 0.11% in 1976-1981. It should be noted, however, that the development of pre-natal medical care rather than the very-early rehabilitation is considered as a more impor-

Table 4-22 Prosthesis and Orthosis Supply System

		Law for the Welfare of Physically Disabled Persons (Article 20)	Workmen's Accident Compensation Insurance Law (Article 23)	Employees' Pension Law (Article 79)
1. Client		All of the Disabled (excluding those covered by other Laws)	Beneficiaries of Workmen's Accident compensation	Beneficiaries of Disability Pension under the Law (allowance)
2. Agency		Director of District Social Welfare Office	Labor Standards Inspection Offices	1. Social Insurance Office 2. Employees' Pension Hospital
3. Administered by		Director of District Social Welfare Office	Director of Prefectural Labor Standards Office	Chief of Employees' Pension Insurance Division in each prefecture
4. Supplied by		Director of District Social Welfare Office	Director of Prefectural Labor Standards Office	Social Welfare Foundation
Prosthesis and Orthosis	Castings	Counselling Center for the Physically Disabled (57)	Workmen's Compensation Hospitals and Other recognised Hospitals (1,700)	Employees' Pension Hospitals (96)
	Fitting and Check Out	Counselling Center for the Physically Disabled	Workmen's Compensation Hospitals and Other recognised Hospitals	Prosthesis and Orthosis Manufacturer (designated)
	Maker	Prosthesis and Orthosis Manufacturer (designated)	Prosthesis and Orthosis Manufacturer (not designated)	
Rehabilitation Welfare Equipment	Maker	Rehabilitation Welfare Equipments Manufacturer (designated)	Rehabilitation Welfare Equipments Manufacturer (not designated)	Rehabilitation welfare Equipment manufacturer (designated)
	Fitting and Check Out	Counselling Center for the Physically Disabled (57)	Prefectural Labor Standards Office	None
5. Articles to be Supplied		Prosthesis Orthosis (Lower limbs, Trunk, Upper limbs) Hearing aid Wheelchair Electric wheelchair Walker Artificial eyes Spectacles Artificial Larynx Urine collecting device Cane for the blind Cane and Crutches Braillewriter	Prostheis Orthosis (Lower limbs, Upper limbs) Hearing aid Wheelchair Electric wheelchair Artificial eyes Spectacles Artificial Larynx Urine collecting device Wig (only for woman)	Prosthesis Orthosis (Lower extremities, Trunk, Upper extremities) Hearing aid Wheelchair Electric wheelchair (planned) Walker

tant factor contributing to the decrease of CP incidence.

The establishment of children's hospitals is behind the institutions for orthopedically disabled children. Today there are as few as 16 children's hospitals throughout Japan. Of those, 10 hospitals offer rehabilitation services but none of them have a unit exclusively for rehabilitation programs.

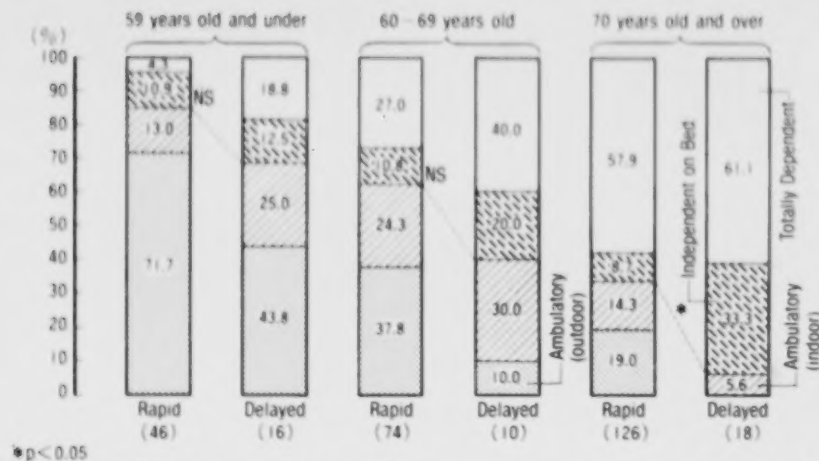
③ Rehabilitation for Amputees

The total number of amputees in Japan is estimated as 100,000, accounting for about

0.11% of the total population. In 1976, the Japanese Association of Rehabilitation Medicine conducted a survey which found the followings.

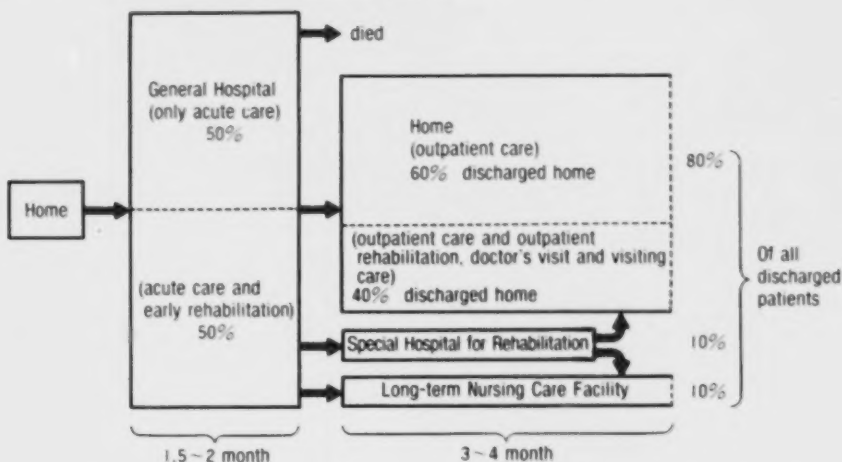
- (a) Ratio by sex (male:female): amputees of upper extremities 3.5:1, lower extremities 4.9:1
- (b) Ratio by part: upper extremities to lower extremities 1:2.2
- (c) Ratio by age: Many of them got their upper or lower extremities amputated between 18 and 24 years of age (Figure 4-5)

Figure 4-6 Comparison of the Effects of Rapid or Delayed Rehabilitation Given to People Following a C.V.A



Source: "Early Rehabilitation for People with Cerebro-vascular Accidents", Niki & Ueda, Igaku Shoin, 1987

Figure 4-7 Cooperation among Facilities for Medical Care and Rehabilitation of Patients with C.V.A.

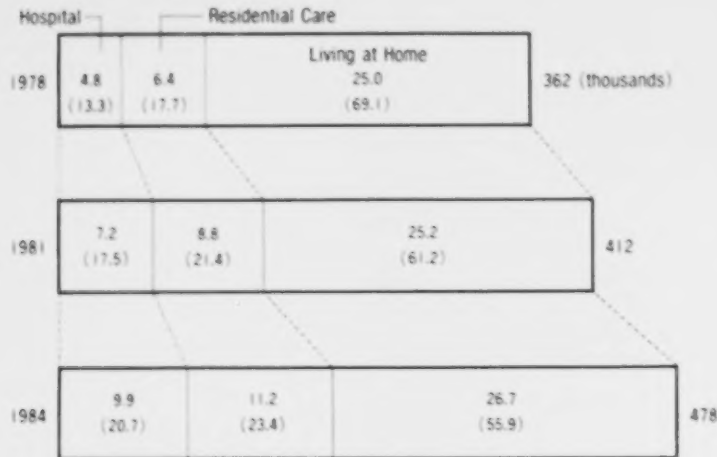


Source: "Early Rehabilitation for People with Cerebro-vascular Accidents", Niki & Ueda, Igaku Shoin, 1987

(d) Causes of amputation: 83% of upper extremities cases and 69% of lower extremities cases are caused by injuries including industrial accidents, other accidents and war.

The situation of amputees in Japan as

described above is quite different from those in Western countries, where more than 60% of the total amputation cases result from arteriosclerosis and interruption of blood circulation by diabetes mellitus, conse-

Figure 4-8 Number and Location (Hospital, Residential Care or Living at Home) of Elderly, Bed-ridden People

Source: "General Study for Welfare Administration", "Survey on Social Welfare Facilities" Statistics and Information Dept., Ministry of Health and Welfare

Note: Number by 1000, (%). Residential Care refers to those in special nursing homes for the aged. Elderly, bed-ridden refers to persons 65 years old and over bed-ridden for more than six month.

quently, the largest age group being over 60 years old. This means that rehabilitation of amputees in Japan is relatively easy compared to Western countries.

It is anticipated, however, that amputees of the aged group and those caused by interruption of blood circulation will increase as the aging society and westernization of living styles keep progressing.

As mentioned previously, prosthetic appliances for amputees are not covered by any health insurance in Japan. They are mainly supplied by public funds under the provisions of the Law for the Welfare of Physically Disabled Persons, the Workmen's Compensation Insurance Law and the Employees' Pension Law. Service systems under these three Laws are listed in Table 4-22. Some rehabilitation professionals have pointed out the problems of the existing systems which

are not clearly defined and partially overlap each other.

④ Rehabilitation of Persons with Cerebrovascular Accidents

Persons with residual disabilities resulting from CVA constitute of the largest group for medical rehabilitation services in Japan. CVA was the leading cause of death in the nation for 30 years from 1951 to 1980. By 1985, the numbers of deaths from cancer and heart disease exceeded those from CVA and made CVA the third in ranking. Still, the number of people who died of CVA in 1985 accounted for 17.9% of all deaths. In addition, the total number of CVA patients in hospitals reached 11.7% of all hospital patients, which made them the second largest group of a single disease following the group of schizophrenic patients, occupying 15.1%.

Up to the 1970's, general hospitals provided

Table 4-23 Functional Training and Visiting Guidance in Health Services

Service	Client	Programs	Notes
Functional Training	Of persons 40 years old and over, 1) those who need to continue training programs after completing medical treatment, 2) those who have not received necessary training, and 3) those who have declining mental and physical function due to old age.	At appropriate non-residential facilities such as health centers in the community (municipalities) Training of basic activities including walking and mobility in the home. Training of ADL including meal preparation and dressing Hand work such as penmanship, braiding, etc. Recreation and sports	About twice a week for six months
Visiting Guidance	Of persons 40 years old and over, those who are bed-ridden or in similar condition	The first visit is made by a public health nurse in principle followed by liaison between home helpers, community welfare workers, etc if necessary. Guidance on convalescent and nursing care at home Guidance on functional training at home Support to family members Introduction of various systems for assistance	Services are rendered under the direction of a physician in charge of the patient. It is important to keep close contact with visiting public health nurses who provide patients with health guidance and nursing care twice a month for six months.

Table 4-24 Functional Training and Visiting Guidance in Health Services for the Elderly, 1983-1985

Services	Items	1985	1984	1983
Functional Training	Number of Facilities Operating Training Programs	1,745	1,203	776
	Number of Training Programs Operated	87,838	76,814	56,996
	Actual Number of clients	54,900	45,236	27,178
	Causes of { C.V.Diseases	19,186	15,016	11,415
	Disabilities { Others	35,714	30,220	15,763
	The Total Number of Clients	1,082,405	868,015	580,631
Visiting Guidance	The Number of clients per Operation	12.3	11.3	10.2
	The Total Number of staff	239,777	195,455	142,229
	The Actual Number of clients	708,972	628,372	517,392
	Causes of { C.V.Diseases	163,512	156,468	142,578
	Disabilities { Others	545,460	471,904	374,814
	The Total Number of clients	1,609,710	1,430,806	1,148,235
	The Total Number of staff	910,598	763,765	557,998

Source: "Report on the Health Services for the Elderly," Ministry of Health and Welfare

CVA patients with mainly acute care, and medical rehabilitation was given at special hospitals, located in hot spring resorts. From around 1980, an increasing number of general hospitals, particularly in cities, started along with acute care, early rehabilitation programs which offered medical rehabilitation services at an early stage of treatment. The early rehabilitation program has proved to be effective in preventing almost 100% of secondary complications of CVA so that 80% of all CVA patients can be discharged from general

hospitals directly to their homes.

Figure 4-6 gives a comparison of outcomes of early and late rehabilitations in the treatment of CVA patients. It clearly indicates that early rehabilitation brings more effective results especially on aged persons of 70 years old and over. Therefore today, for rehabilitation of CVA patients, early rehabilitation programs are more widely practiced in general hospitals.

In order to insure optimum rehabilitation services for CVA patients however, general

Table 4-25 Diseases specified for Research of Treatment

Name of Disease			Name of Disease		
	Date Research Started	Number of Cases as of Oct. 1, 1984		Date Research Started	Number of Cases as of Oct. 1, 1984
Total					
1			16		
Bebbet's Disease	April '72	9,072	Spinal Cerebellar Degeneration	Oct. '76	4,838
2			17		
Multiple Sclerosis	April '73	2,029	Crohn's Disease		2,831
3			18		
Myasthenia Gravis	April '72	5,138	Severe Hepatitis		431
4			19		
Systemic Lupus Erythematoses		21,311	Malignant Rheumatoid Arthritis	Oct. '77	3,222
5			20		
SMON		2,301	Parkinson's Disease	Oct. '78	13,981
6			21		
Aplastic anemia	April '73	5,319	Amyloidosis	Oct. '79	261
7			22		
Sarcoidosis	Oct. '74	4,375	Posterior Longitudinal Ligament Ossification	Dec. '80	3,134
8			23		
Amiotrophic Lateral Sclerosis		1,714	Huntington's Chorea	Oct. '81	247
9			24		
Sclerema Dermal Myositis, Multiple Myositis		8,572	Willis Circle Obstruction	Oct. '82	1,711
10			25		
Idiopathic Purpura		9,647	Wegener Granulomatosis	Jan. '83	182
11			26		
Periarthritis Nodosa	Oct. '75	929	Idiopathic Congestive Rayocarditis	Jan. '83	1,047
12			27		
Ulcerative Colitis		11,602	Shy Drager Syndrome	Jan. '86	71
13			28		
Aortitis Syndrome		3,323	Epidermal Blisters	Jan. '87	
14			29		
Buoger's Disease		5,895	Pustule Infection	Jan. '88	
15					
Pemphigus		998			

Source: Tuberculosis and Contagious Disease Section, Health and Medical Treatment Bureau, Ministry of Health and Welfare

hospitals need to develop a cooperation network of related resources including special hospitals, long-term nursing facilities, home care services, health and welfare agencies and so on, as shown in Figure 4-7.

⑤ Rehabilitation of the Elderly, Bed-Ridden

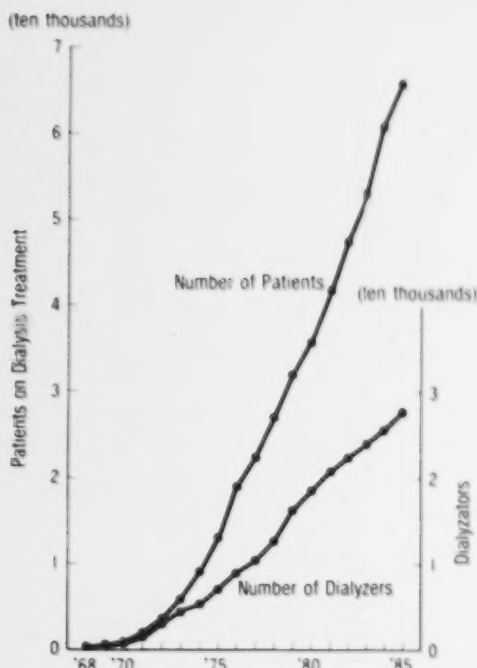
The population structure of Japan is rapidly changing to that of a fast aging society, and this is resulting in an increase of elderly, bed-ridden people. Their numbers have grown sharply from 362,000 in 1978 to 478,000 in 1984 as indicated in Figure 4-8. On the other hand, the ratio of the bed-ridden elderly living at home showed a considerable decrease from 69.1% in 1978 to 55.9% in 1984. The major causes for this phenomenon are that families become less capable of providing care at home due to the trend to nuclear families and the expansion of the female labor force, increase in social mobility etc. In addition, the lag in the development of community care and rehabilitation services should not be overlooked.

Thus, rehabilitation for elderly, bed-ridden

people living at home is becoming a problem of increasing urgency. Functional training and guidance by visiting workers are the major programs used to meet these needs, which are a part of the health care programs for the aged under the Law of Health and Medical Services for the Aged established in 1983. An outline of the service and operation is shown in Table 4-23 and Table 4-24. In 1985, the actual number of persons being served with the functional training was 54,900 and the number of persons receiving visiting service was 708,972. It also indicates that of those on the functional training program and the visiting service program, CVA patients account for 35.0% and 23.1% respectively.

Other home care services for elderly, bed-ridden people include home helper service, provision of aids for daily living, short-stay and day care programs. Development of such home care service programs in Japan is, however, far behind those in Western countries. For example, the number of home helpers for all elderly, bed-ridden people and

Figure 4-9 Number of Patients on Kidney Dialysis Treatment and Dialyzers, 1968 1985



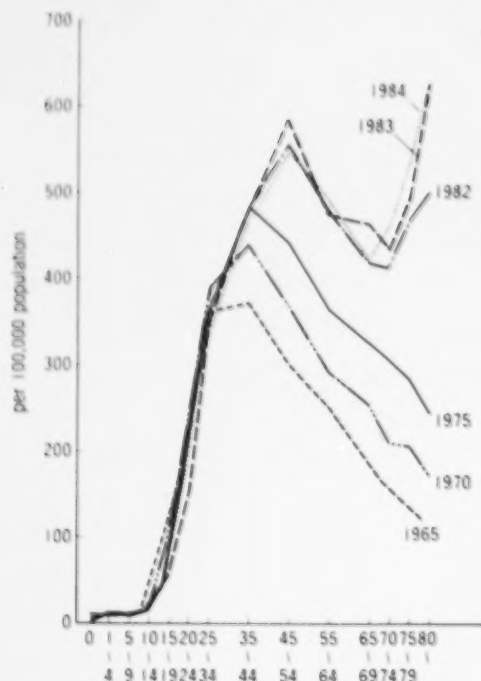
Source: Japanese Association of Dialysis Treatment

physically disabled persons (including children) was as few as 25,305 (20.8 per 100,000 population) as of 1987.

⑥ Medical Care and Rehabilitation for Patients with Internal Impairments

Of patients with internal impairments, those with functional disorders of the heart, the respiratory organs and the kidney are taken care of by public services under the Law for the Welfare of Physically Disabled Persons which include medical rehabilitation, provision of aids for daily living, prosthetic appliances and so on. In addition, the government subsidizes cost sharing in health insur-

Figure 4-10 Number of Persons Treated for Mental Disability by Age Group, 1965 1984 (per 100,000 population)

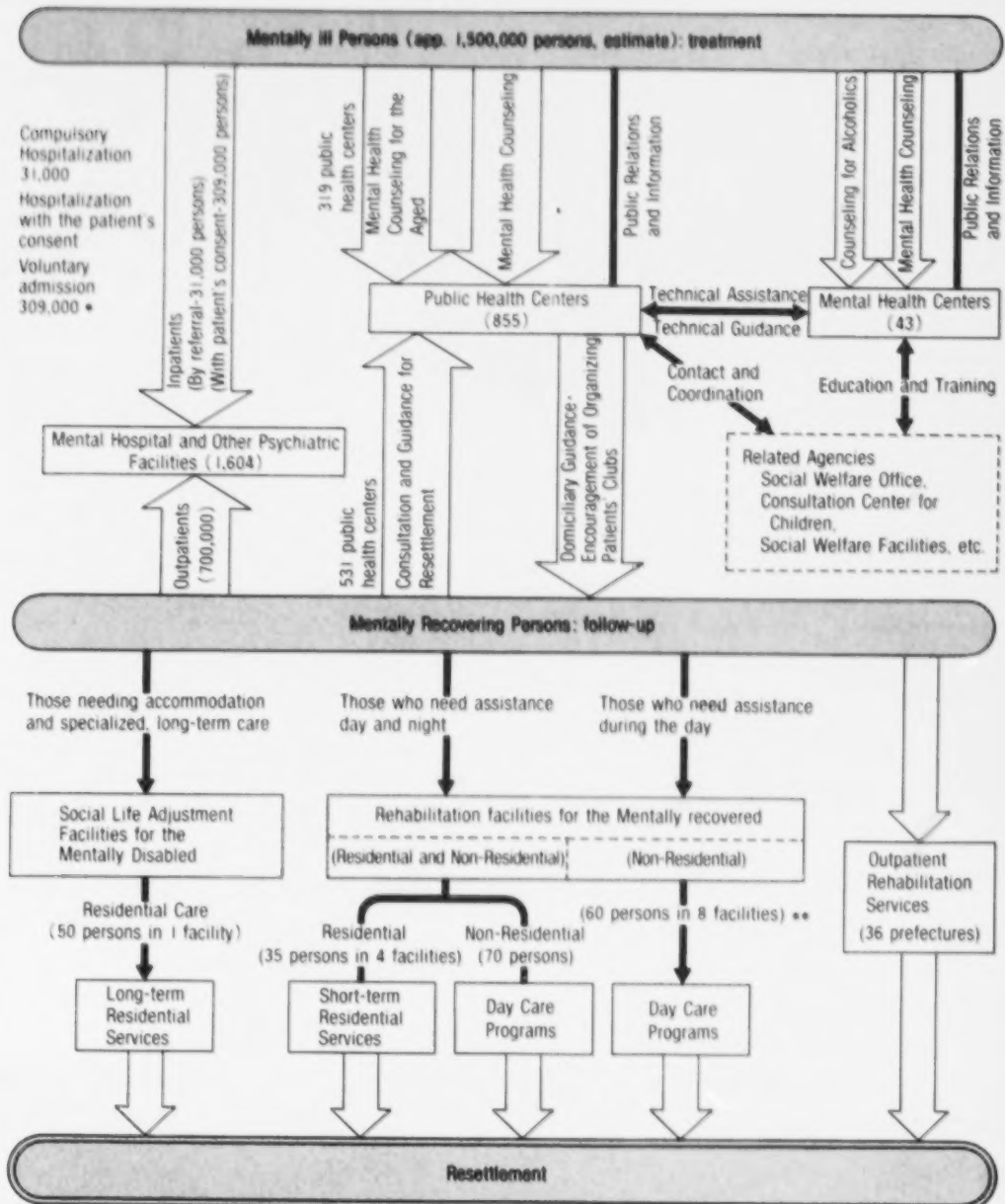


Source: "Survey on Patients", Ministry of Health and Welfare

ance for those patients with severe and intractable diseases as listed in Table 4-25.

The most advanced among medical care and rehabilitation measures for internally impaired patients is the one for patients with end-stage renal disease. A financial assistance program for patients with end-stage renal disease under hemodialysis treatment started in 1972. As a result of the program, the number of patients who receive the hemodialysis treatment has increased to 66,310 by the end of 1985, which is the largest number per population in the world as shown in Figure 4-9. On the other hand, kidney

Figure 4-11 Outline of Mental Health Programs



Note: In addition, there are educational and promotional activities on mental health for the general public by Mental Health Centers and Public Health Centers

Numbers as of June, 1986

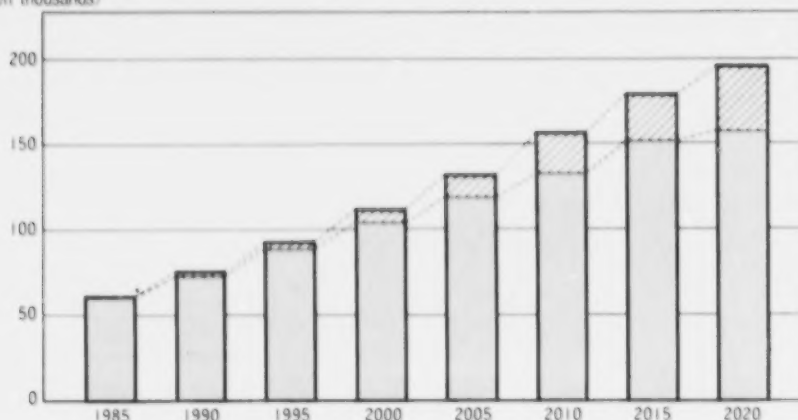
* Numbers as of June, 1985

** Numbers as of August, 1986

Source: "White Paper on Health and Welfare", Ministry of Health and Welfare

Figure 4-12 Estimated Number of Elderly, Bed-ridden People 1985 2020

(ten thousands)



Note: In each of the years shown, the shaded areas show the possible range of increase. It is assumed that 5% of elderly people will become bedridden. This 5% applies through every age-band of the elderly, i.e. at age 65, 70, 75 etc. It is assumed that this rate will be maintained from 1985.

Source: Policy Planning Division, Minister's Secretariat, Ministry of Health and Welfare

transplants, which is another treatment for patients with end-stage renal disease is not yet advanced compared to other countries. The total persons who have received kidney transplants was 3,929 by the end of 1985. In Japan, there are not as many cadaveric renal transplant cases as in Western countries because brain death is not yet considered the death of the individual.

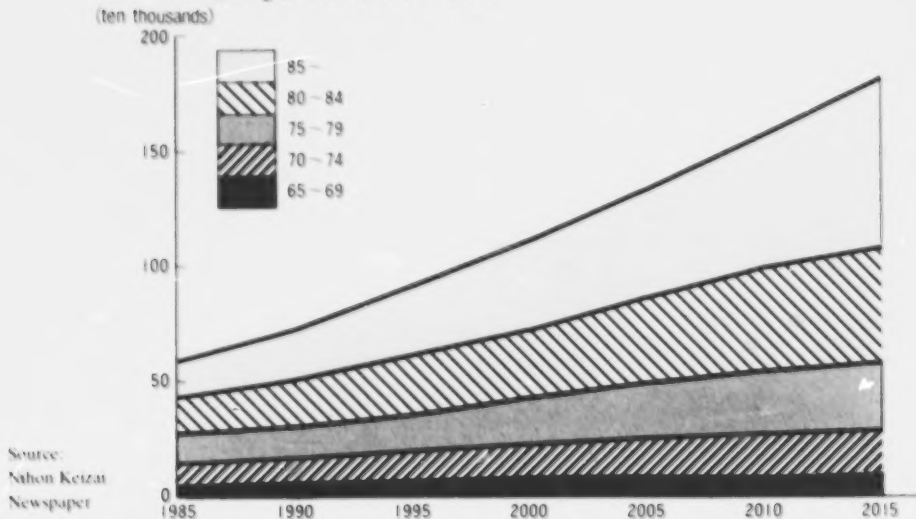
⑦ Rehabilitation for the Mentally Disabled

Recently, there is a growing demand for treatment of mentally disabled persons in Japan. Over the period of 19 years from 1965 to 1984, the number of patients who received some kind of medical treatment per 100,000 population showed a slight increase of 8.3% whereas those who received care for mental disorders sharply increased from 207 to 315 per 100,000 population, at the rate of 52.2%. Looking into the distribution and change in

the mentally disabled persons who received treatment by age group (Figure 4-10), it is noted that the highest rate of recipients is gradually becoming older each year and that the increase rate is higher in the older age group than in the younger age group.

As shown in Figure 4-11, medical care and rehabilitation for the mentally disabled persons in Japan are carried out in various forms including hospitalization, outpatient service and day-care service (including night-care service). Presently, services other than those in medical hospitals are not adequate to meet the existing needs. For instance, medical agencies which are approved to provide day-care services are as few as 70 and the number of mentally disabled persons on training programs is as small as 4,000, even including those in day-care services of unauthorized agencies, estimated to be about 150 nation-

Figure 4-13 Estimated Number of Elderly People with Senile Dementia Living at Home 1985-2015



wide.

Traditionally, in Japan hospitalization was the common treatment for patients with mental disorders, and there was worldwide criticism on the neglect of patients' human rights in some mental hospitals. Revision of the Mental Health Law enacted in 1987 includes the following subjects.

1) Change the name of the Law, from the Mental Hygiene Law to the Mental Health Law, and maintain the mental health of the people as the duty of the government, local bodies and each individual in the country. 2) Protect the human rights of the mentally disabled and provide them with optimal medical and protectional care, and 3) Promote social rehabilitation of the mentally disabled persons. The revised law is expected to foster the development of comprehensive rehabilitation for the mentally disabled per-

sons.

3. Future Prospects - Early Rehabilitation in the Aging Society

Aging of the Japanese population will rapidly progress in the future as mentioned in Chapter 1. This is an inevitable result of the sharp decrease in the death rate as well as birth rate in the post war period. As of 1987, the percentage of the population over 65 years of age is 10.9% in total; which is still lower than in Western countries. It is confirmed, however, that this percentage will rapidly grow to reach 16.3%, the same level as Western countries, by the year 2000, and will go further to 23.6%, the highest in the world, by the year 2020.

With such an increase in the aged population, a sharp rise is anticipated in the number

of the aged bed-confined and those with senile dementia. The number of the elderly, bed-ridden people was a little over 600,000 in 1985 but it is estimated to exceed 1 million by the year 2000, and will reach 1.6-1.9 millions by the year 2020 (Figure 4-12). The number of the aged with senile dementia will probably grow from 593,000 in the year 1985 to 1.121 millions in the year 2000, and further to 1.848 millions by the year 2015 (Figure 4-13).

Measures to meet the ultra-aging society are the issue of prime importance today, and the rehabilitation field is no exception.

In the field of rehabilitation, it is especially urgent to promote early rehabilitation programs which are effective means to prevent elderly, bed-ridden people. In the past, as

formerly mentioned, medical rehabilitation was carried out mainly in special hospitals at hot spring resorts, and this history has misled people on individual and administrative levels to regard medical rehabilitation as medical care given at the chronic stage patients.

"An Interim Report by the Committee to Review Comprehensive Medical Care Programs in Japan" was released by the Ministry of Health and Welfare in June 1987. The report urges the attachment of great importance to "early rehabilitation programs," particularly for CVA patients, in the years towards the 21st century. Much hope is placed on the further development of rehabilitation in the future.

Chapter 5

Educational Rehabilitation

I. Outline of the Education System

1. Institutions of School Education

Figure 5-1 shows the present organisation of the school system in this country. Major characteristics of each of the different types of institution of school education are presented below.

(1) Kindergartens

Kindergartens are non-compulsory schools intended to help infants develop their minds and bodies by providing them with an appropriate educational environment. They cater for pre-school children aged three or over. Kindergartens are under the supervision of national and local education authorities, and the legal standards for their facilities and equipment, content of teaching and other matters are set forth by the Minister of Education.

(2) Elementary Schools

All children who have attained the age of six are required to attend a six-year elementary school. The elementary school is intended to provide children between the ages of 6 and 12 with elementary general education

suitable to the relevant stage of their mental and physical development.

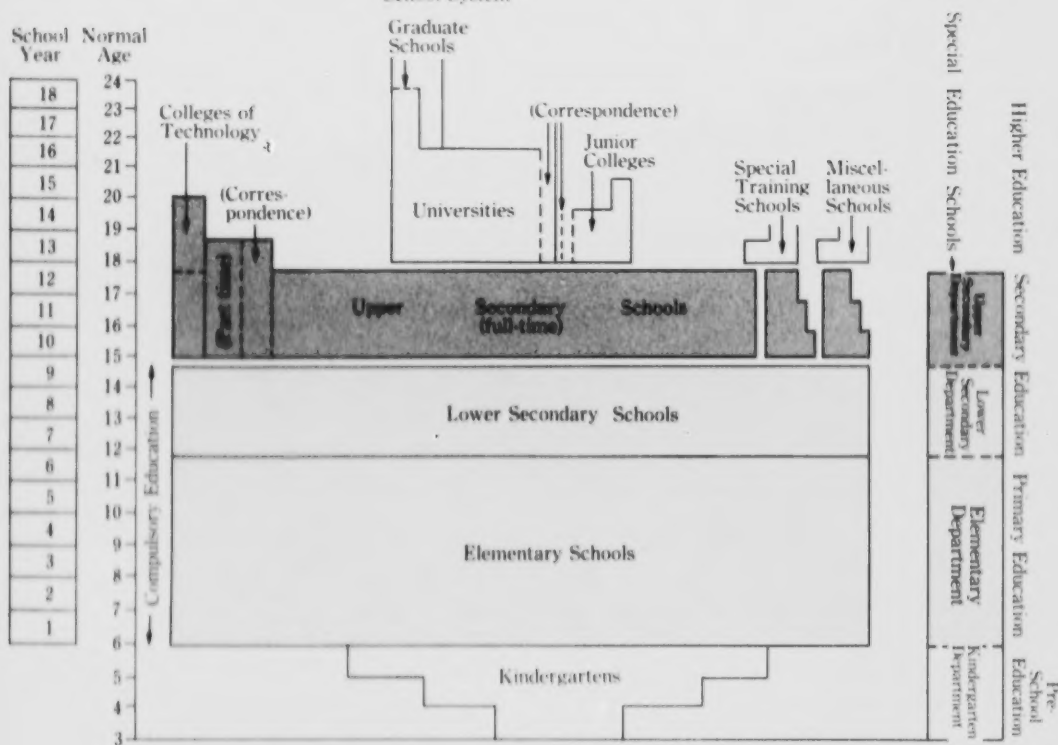
(3) Lower Secondary Schools

All children who have completed the elementary school course are required to go on to a three-year lower secondary school. The lower secondary school aims to provide children between the ages of 12 and 15 with general secondary education suited to the level of their mental and physical development, on the basis of education given in the elementary school.

(4) Upper Secondary Schools

Upper secondary schools are intended to give lower secondary school graduates general and specialized secondary education suited to their level of mental and physical development, on the basis of the education given in lower secondary schools. There are three types of upper secondary school courses: full-time, part-time and correspondence. The full-time course lasts three years, while both the part-time and correspondence courses last four years or more. Part-time courses are of two types: day-time or evening courses. The majority are evening courses.

Figure 5-1 Organization of the Present School System



In terms of the content of teaching, upper secondary school courses may be classified broadly into two categories: the general and the specialized. General courses offer general education putting emphasis on academic subjects, while specialized courses are designed to provide vocational, technical or other education for those students who have chosen a particular vocational area as their future career. These courses are further classified into several categories: agriculture, industry, business, fishery, home economics, nursing, etc.

(5) Special Schools and Classes for the Handicapped

Special schools for the handicapped aim to provide children with comparatively severe handicaps with education equivalent to that available in regular elementary or secondary schools, and at the same time, to provide necessary knowledge and skills so as to develop their students' abilities to overcome disability.

Special schools for the handicapped usually have at least both an elementary department and a lower secondary department. Some of them also have a kindergarten department and/or an upper secondary department.

There are three types of special schools for the otherwise handicapped: a) schools for

mentally retarded children, b) schools for orthopedically handicapped children and c) schools for health-impaired children.

Special classes in regular elementary and lower secondary schools cater for handicapped children whose handicaps are not so severe. These special classes may be classified into seven kinds according to the handicaps of children enrolled: a) mental retardation, b) orthopedic handicap, c) health-impairment, d) visual impairment, e) hearing impairment, f) speech disorders and g) emotional disturbance.

(6) Institutions of Higher Education

Institutions of higher education in Japan include universities, junior colleges and colleges of technology. In addition, special training schools and miscellaneous schools offering advanced courses (see (7) Special Training Schools and Others) may be counted as institutions of higher education.

① Universities

Universities are institutions of higher education which, as centers of learning, conduct teaching and research in depth in specialized academic disciplines and provide students with broad knowledge. Universities require for admission the completion of upper secondary schooling or its equivalent. A university has one or more undergraduate faculties or other basic units for educational activities, which offer courses usually lasting four years (six years for medical, dental and veterinary courses).

A university may set up a graduate school aiming to give graduate students oppor-

tunities to pursue profound learning and research concerning academic theories and their application.

Graduate schools require for admission the completion of an undergraduate course or its equivalent.

A graduate school offers Master's Degree courses (lasting two years) and Doctorate courses (usually lasting five years, except for medical or dental courses which last four years).

Those students who have successfully completed these postgraduate courses may be awarded a Master's or Doctorate under certain conditions.

② Junior Colleges

Junior colleges aim to conduct teaching and research in depth in specialized subjects and to develop in students such abilities as are required for vocational or practical life. Junior colleges require for admission the completion of upper secondary schooling or its equivalent. They offer courses lasting two or three years. A junior college has one or more specialized departments as its units of educational activities.

③ Colleges of Technology

Unlike universities or junior colleges, colleges of technology require for admission the completion of lower secondary schooling. They aim to conduct teaching in specialized subjects in depth and to develop in students such abilities as are required for vocational life. A college of technology usually offers several courses in engineering and mercantile marine studies. The course duration is five

years for engineering and five and a half years for mercantile marine courses. There are a variety of engineering courses including those in mechanical engineering, electrical engineering, chemical engineering and civil engineering.

(7) Special Training Schools (Senshū-gakkō) and Others

In addition to the above-mentioned elementary and secondary schools and institutions of higher education, there are a great number of educational establishments called "special training schools" (Senshū-gakkō) and "miscellaneous schools" (Kakushu-gakkō).

Special training schools are a new type of educational institution created in 1976. Under the new system introduced that year a large number of miscellaneous schools offering systematic educational activities of an optimum standard have been legally designated as "special training schools".

Special training schools offer systematic educational activities aiming to help students develop abilities required for vocational and daily life, and also to help improve their integrity and awareness of deeper matters.

These schools are required to enrol at least 40 students at any one time, to offer courses lasting at least one year, and to offer instruction for 800 hours or more per year for each course.

The courses at special training schools may be classified into three categories: upper secondary courses admitting lower secondary school graduates; advanced courses admitting upper secondary school graduates; and

other courses. Those special training schools offering upper secondary courses may be called "upper secondary special training schools", while those offering advanced courses, "special training colleges".

Miscellaneous schools are intended to give adults and young people a wide range of opportunities of education similar to formal education offered in secondary schools or institutions of higher education. They provide students of varied ages with knowledge and skills required for their vocational and daily life. At present a relatively large number of students are enrolled in such courses as preparatory courses for university entrance examinations, automobile driving, home economics (including dressmaking and cooking), foreign languages, nursing, etc.

2. Process for Admission to Schools and Universities

(1) Admission to Kindergartens

The School Education Law prescribes that kindergartens may admit pre-school children who have reached the age of three and have not attained the compulsory school age of six.

(2) Admission to Elementary and Lower Secondary Schools

All parents are required by law to have their children attend an elementary school for six years between the ages of 6 and 12 years.

Further, it is also obligatory for all parents to have their children attend a lower secondary school for three years between ages of

12 and 15 years.

(3) Admission to Upper Secondary Schools and Colleges of Technology

All pupils who have completed lower secondary schooling are entitled to apply for upper secondary schools or colleges of technology.

Local public upper secondary schools (most of which are run by prefectural governments) select students on the basis of both the scholastic achievement test given by the prefectural board of education and the records on each applicant presented in the credentials or other documents submitted by the lower secondary schools.

In order to help secure equal opportunity for access to upper secondary education, the prefectural board of education designates a number of upper secondary school attendance districts. It is a general principle that pupils who wish to enter a public upper secondary school should apply only for upper secondary schools located in the attendance district where they live.

In the spring of 1986, 94.2% of lower secondary school graduates went on to either upper secondary schools or colleges of technology.

(4) Admission to Universities and Junior Colleges

Admission to universities and junior colleges is obtained on a competitive basis. The selection method most widely utilized is the scholastic achievement test (including the nationwide "Joint First-stage Entrance Examination"* for national and local public universities, while credentials submitted by

upper secondary schools are also taken into account. Recently, however, the number of universities admitting a certain number of students merely on the basis of the recommendation from upper secondary school principals has been increasing. The number of students admitted on the basis of such recommendations accounted for 31.7% of all entrants to universities in 1985.

3. Social Education

In Japan, the term "social education" (Shakai Kyōiku) is used as a general term for organized educational activities (including those for physical education and recreation) mainly for adults and young people, other than those provided in the curriculum of elementary and secondary schools and institutions of higher education.

Activities in social education are carried out in diverse ways on the basis of people's voluntary and spontaneous desire for learning. Major public facilities for social education include "citizens' halls", public libraries, museums, "youth houses" and "children's centers".

4. Quantitative Development of Education

(1) Number of Institutions and Enrollment Therein

Table 5-1 shows the number of institutions and enrollment therein at different school levels as of May 1985. As indicated in this table, total enrollment in schools and universities in Japan reached approximately 27.5

Table 5-1 Number of Institutions and Students by Type of Institution

(As of May 1986)

Type of institution	Number of institutions	Number of students		
		Male	Female	Total
Kindergartens	15,189	1,029,120 (51.0)	989,403 (49.0)	2,018,523
Elementary schools	24,982	5,462,597 (51.2)	5,202,807 (48.8)	10,665,404
Lower secondary schools	11,190	3,125,271 (51.2)	2,980,478 (48.8)	6,105,749
Upper secondary schools	5,491	2,652,530 (50.4)	2,606,777 (49.6)	5,259,307
Colleges of technology	62	47,151 (95.9)	2,023 (4.1)	49,174
Junior colleges	548	38,554 (9.7)	357,901 (90.3)	396,455
Universities	465	1,426,851 (75.9)	452,681 (24.1)	1,879,532
(Graduate schools)*	(287)	(64,018) (86.2)	(10,253) (13.8)	(74,271)
Special schools for handicapped	918	59,593 (62.2)	36,264 (37.8)	95,857
Special training schools	3,088	255,297 (43.4)	332,312 (56.6)	587,609
Miscellaneous schools	4,124	238,794 (49.4)	244,645 (50.6)	483,439
Total	66,057	14,335,758	13,205,291	27,541,049

Table 5-2 Proportion of Age Groups Enrolled from Kindergarten to University (by category) showing % of Students Entering Higher Education

Year	Percent of 5-year olds enrolled in kindergartens	Percent of school age children enrolled in		Percent of Students going on to upper secondary schools			Percent of upper secondary school graduates going on to higher education			Percent of the age group going on to higher education			Percent of university graduates going on to graduate schools		
		Elementary	Lower secondary	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
1948	7.3	99.64	99.27	—	—	—	—	—	—	—	—	—	—	—	—
1950	8.9	99.64	99.20	42.5	48.0	36.7	30.3	34.6	17.2	—	—	—	—	—	—
1960	28.7	99.82	99.93	57.7	59.6	55.9	17.2	19.7	14.2	10.3	14.9	5.5	—	—	—
1970	53.8	99.83	99.89	82.1	81.6	82.7	24.2	25.0	23.5	23.6	29.2	17.7	4.4	5.1	1.5
1980	64.4	99.98	99.98	94.2	93.1	95.4	31.9	30.3	33.5	37.4	41.3	33.3	3.9	4.7	1.6
1985	63.7	99.99	99.99	94.1	93.1	95.3	30.5	27.0	33.9	37.6	40.6	34.5	5.5	6.5	2.5

million, which accounted for 22.7% of the total population of Japan in 1985.

(2) Proportion of the Age Group Enrolled in Schools

Table 5-2 gives a historical perspective to the proportion of age groups enrolled in educational institutions of each level. As is indicated in this table, the enrollment ratio for compulsory schools in Japan has always been nearly 100%. After World War II, the proportion of the age group going on to upper secondary schools steadily increased year by year and reached 94.1% in 1985. The propor-

tion of the age group going on to universities and junior colleges, which had been less than 5% before World War II, rapidly increased after the war, and reached 37.6% in 1985.

(3) Enrollment Classified by Sex

Based on the provisions in the Constitution and Fundamental Education Law which guaranteed equal educational opportunities for boys and girls, the proportion of girl students advancing to upper secondary schools and institutions of higher education rapidly increased after World War II.

As is shown in Table 5-2, since 1969 the

Table 5-3 Number of Students by Type of Institution and Establishment

(As of May 1985)

	Number of students	National school (%)	Local Public school (%)	Private school (%)
Kindergartens	2,018,523	6,593	481,109 ()	1,530,821
Elementary schools	10,665,404	47,513	10,557,749 ()	60,142
Lower secondary schools	6,105,749	36,917	5,885,843 ()	182,989
Upper secondary schools	5,259,307	10,245	3,775,039 ()	1,474,023 (28.0)
Colleges of technology	49,174	41,597 (84.6)	4,140 ()	3,437
Junior colleges	396,455	18,195	20,924 ()	357,336 (90.1)
Universities	1,879,532	461,427	55,717 ()	1,362,388 (72.5)
(Graduate schools)	(74,271)	(46,141) (62.1)	(3,106) ()	(25,024)
Special schools for the handicapped	95,857	3,738	91,254 ()	865
Special training schools	587,609	18,127	25,549 ()	543,933
Miscellaneous schools	483,439	166	8,897 ()	474,376
Total	27,541,049	644,518	20,906,221	5,990,310

proportion of the age group going on to upper secondary schools has always been higher for female students. On the other hand, the proportion of the age group going on to institutions of higher education has always been higher for boys than for girls, although the rate of increase in the number of female students has been remarkable.

In general, the proportion of students advancing to universities has always been higher for boys than for girls. The proportion of students advancing to junior colleges has been higher for girls than for boys.

Practically all students of colleges of technology are male, while more than 60% of special training school students and 50% of miscellaneous school students are female.

(4) Enrollment Classification in Public and Private Education

In accordance with the provisions of the School Education Law, elementary and secondary schools and institutions of higher education can be established only by the national, prefectural and municipal govern-

ments and non-profit corporations called "school juridical persons". Educational institutions set up by the national government are called "national schools", those set up by prefectural or municipal governments "local public schools", and those set up by non-profit corporations "private schools".

Almost all compulsory schools are established by local governments (elementary and lower secondary schools are primarily run by municipal governments, and practically all special schools by prefectural governments). On the other hand, private schools play an important role at the levels of kindergarten, upper secondary and higher education (excluding colleges of technology).

They also play a major part among special training schools. As is shown in Table 5-3, as of 1985 nearly 30% of upper secondary school students, nearly 90% of junior college students, and more than 70% of university students are enrolled in private institutions. At both colleges of technology and graduate schools, the majority of students are enrolled

Figure 5-2 Percentage Distribution of Upper Secondary School Students by Type of Course, as of May 1986

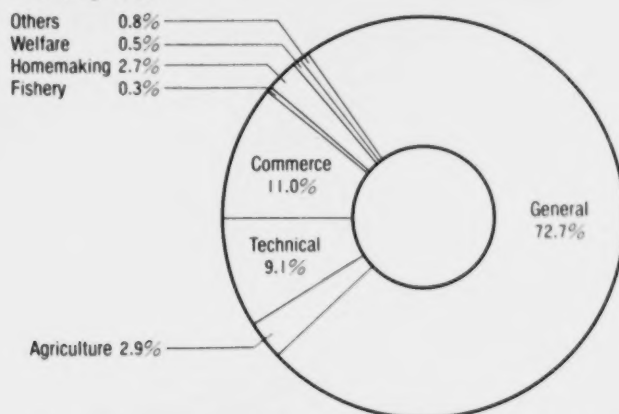
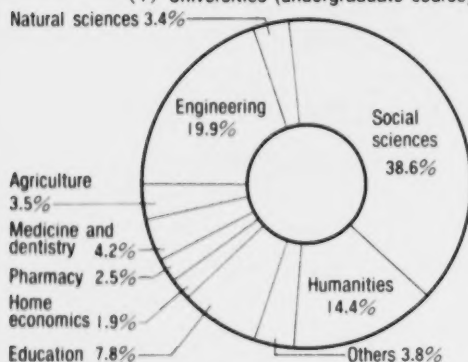
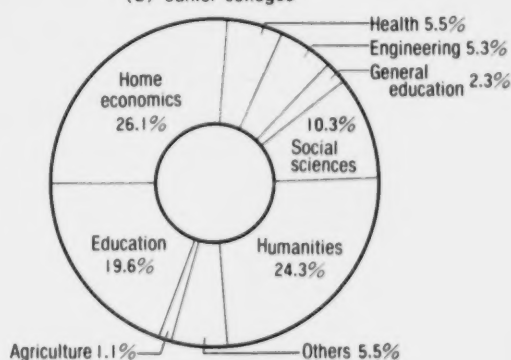


Figure 5-3 Percentage Distribution of University and Junior College Students by Major Field of Study, as of May 1986

(1) Universities (undergraduate course)



(2) Junior colleges



in national institutions.

(5) Enrollment Classified by Type of Course

In Japan the differentiation of courses begins at the upper secondary school level. In 1986, 72.7% of upper secondary school students were enrolled in general academic courses, and the rest in vocational and other specialized courses. Figure 5-2 gives the percentage distribution of upper secondary school students according to type of course.

Figure 5-3 shows the percentage distribu-

tion of university and junior college students by major field of study. As regards universities (undergraduate courses), more than half of all students are enrolled in humanities and social science courses, while nearly one-third of them are in scientific courses (natural science, engineering, agriculture, medicine, dentistry, etc.).

The distribution of students by major field of study varies among national, local public and private institutions. In national univer-

Table 5-4 Standard Number of Yearly School Hours⁽¹⁾ in Elementary Schools

Subjects, etc.		1st year	2nd year	3rd year	4th year	5th year	6th year
Subjects	Japanese language	272	280	280	280	210	210
	Social studies	68	70	105	105	105	105
	Arithmetic	136	175	175	175	175	175
	Science	68	70	105	105	105	105
	Music	68	70	70	70	70	70
	Drawing and handcrafts	68	70	70	70	70	70
	Home-making					70	70
	Physical education	102	105	105	105	105	105
Moral education ⁽²⁾		34	35	35	35	35	35
Special activities ⁽³⁾		34	35	35	70	70	70
Total		850	910	980	1,015	1,015	1,015

Note: (1) One school hour is defined as a class period or 45 minutes.

(2) In private elementary school, a part or all of the school hours for moral education may be replaced by religious education.

(3) "Special activities" include "pupils' activities" (i.e., classroom assemblies, pupils' councils and club activities), "School events" (i.e., ceremonial events, study-related events, physical education-related events, etc.) and pupil guidance.

The number of school hours for special activities indicated in this table includes time for classroom assemblies, club activities and pupil guidance.

sities the enrollment in humanities and social science courses accounts for only 22% of total enrollment, while the proportion of students enrolled in these courses reaches 56% in local public universities, and about 62% in private universities.

With regard to junior colleges, home economics courses take up about 26% of all students, followed by courses in humanities and education.

The number of school hours for special activities indicated in this table includes the hours for classroom assemblies, club activities and pupil guidance. The disabled who receive education, such as the mentally retarded, the orthopedically handicapped and the health impaired, became able to obtain appropriate education according to their disability.

In 1979, the number of those who delayed or were exempted from compulsory education decreased to 1/3 of that of the previous year, to 3,384 (9,872 as of 1978). The number of those delayed from or exempted from compulsory education is 1,462 as of 1986.

5. Details of Education at Kindergartens, Elementary Schools, Lower Secondary and Upper Secondary Schools

The kinds of subjects and standards for the above levels of schools are set by the Ministry of Education.

The aims, objectives and details regarding subjects in kindergarten are decided in accordance with educational guidelines given to

Table 5-5 Standard Number of Yearly School Hours⁽¹⁾ in Lower Secondary Schools

	Subjects								Moral education	Special activities	Elective subjects, etc. ⁽²⁾⁽³⁾	Total
	Japanese language	Social studies	Mathematics	Science	Music	Fine Arts	Health and physical education	Industrial arts and home-making				
1st year	175	140	105	105	70	70	105	70	35	70	105	1,050
2nd year	140	140	140	105	70	70	105	70	35	70	105	1,050
3rd year	140	105	140	140	35	35	105	105	35	70	140	1,050

Note: (1) One school hour in this table shall be fifty minutes.

(2) The number of teaching hours for elective Subjects shall be allotted to more than one Subject and additional teaching in Special Activities.

(3) As for elective Subjects, the standard teaching hours for Music, Fine arts, Health and Physical Education, and Industrial Arts and Homemaking shall be 35 in the third year. The standard teaching hours of Foreign Languages shall be 105 in each year and teaching hours of Other Specially Necessary Subjects prescribed in the Course of Study for Lower Secondary Schools shall be 35 in each year.

the Ministry by the Council on the Course of Education--the consultative body of the Ministry of Education.

Each kindergarten compiles an appropriate educational curriculum by following the above guidelines, and also takes into consideration their own locality, situation and also the mental and physical developmental stages and characteristics of their kindergarten pupils.

Tables 5-4 and 5-5 show the standards of the subjects and yearly class hours in Elementary and Lower Secondary schools.

6. The Recent Trend for Educational Reforms in Japan

(1) The Special Council on Education

Education in Japan has always been considered a motivating factor in the development of the economy, society and culture. However, problems have been pointed out recently, such as the placing of too much emphasis

upon academic ability, the increasingly problematic behaviour of pupils, and the intense competition for entrance examinations. Also the demand is rising for life-long education, in accordance with the change in industrial and societal structures. The new "Information Age" consciousness, internationalization, the aging population and so on are all relevant factors.

Thus, in order to consider such problems faced by education, the Special Council on Education was established in August 1984 as a consultative body to the Prime Minister.

Its task is to bring about educational reform that will result in a creative and viable society in the long-term. It is responsible to the Government. The main subjects at each Session are as follows: -

(1st Report-June 1985.)

- The Basic Direction of Education Reforms.
- Major Tasks of the Council.

① The basic state of education in the 21st

century.

- ② The organization and systematization of life-long education, and correction of the over-emphasis on an academically-oriented society.
- ③ Intensifying and individualizing higher levels of education.
- ④ Replenishing and diversifying elementary and secondary education.
- ⑤ Increasing the quality of teachers.
- ⑥ Responding to internationalization.
- ⑦ Responding to the Information Age.
- ⑧ Review of the Education Budget.

Present Proposals : -

- ① To correct the over-emphasis upon academic orientation.
- ② To reform the presently intense competition in entrance examinations.

(2nd Report-April 1986)

- ① To consider the basic direction of Education for the 21st Century.
- ② Reform to revitalize and increase the credibility of education.
- ③ Reforms that help young people adjust to a changing society.
- ④ Basic direction of the administrative and financial affairs of education.

(3rd Report-April 1987)

- ① Transition towards a life-long education system.
- ② Reform of elementary and secondary education.
(Problems of Special Education for disabled pupils are dealt with in Section 4)
- ③ Reform of the present system and

management of institutions for higher education.

- ④ Sports and education.
- ⑤ Reforms to cope with the changes in society.
- ⑥ The cost and financing of education.

(4th Report-August 1987)

- ① The need for educational reform.
- ② The standpoint of educational reform.
- ③ Actual Reform policies.

(In Section 3, problems re. special education at differing school levels are dealt with separately)

Based upon these reports, the Government started to make provision for educational reform.

(2) The Reform of Standards in Education

The Minister of Education asked the Council on Education Procedure to report on the standard for reform of education in kindergartens, elementary schools, lower secondary schools and upper secondary schools. The Council have finished their basic discussions, and have established sectional Councils at elementary, lower and upper secondary levels to examine each level. The reports aim to be completed by 1987.

The summary of their preliminary Report in October 1986 can be stated as : It is important for the Japanese people to have an international perspective in the 21st century. "It is also important for the Japanese people to emphasize our pride in being Japanese. Education needs to ensure that it creates and allows for individuality, and encourages motivation to study. Young people need to be

prepared to live in a changing society positively, have broad minds, and have strong and positive characters."

(3) Long-term Policy Plans for Disabled People

Following the impetus of the United Nations' "International Year of Disabled Persons" in 1980/81 and the U. N. 's "Decade of Disabled Persons" (1983-1992), the Government presented in March 1982 "Long-Term Policy Plans for Disabled People" and has since been striving to realize these. At the mid-point of this special Decade, the Govern-

ment presented a re-evaluation of their aims for the latter half of the Decade.

Education plans for disabled people in this evaluation include a plan to "promote social welfare education". Thus, young people throughout elementary and lower secondary schools will be given a broader understanding of the needs of disabled people and their situation; plans are also afoot to set up plans for "Education and Nurturing", considering actual plans. Efforts are being made at central and local government levels by Education Committees to establish these plans.

II. Educational Rehabilitation

1. Following World War II.

(1) The Start of a new Special Education System

- ① The Constitution of Japan, The Fundamental Law of Education and Equal Opportunity in Education

A democratic education system was first established in Japan following the end of World War II. The Constitution of Japan (drawn up in 1946) stated: "By law all nationals have the right to receive education in accordance with their ability. By law all nationals' children must receive a basic, free education," (Article 26, Constitution.) Following on from this, the Fundamental Education Law (1947) declared basic ideals and principles concerning education. Article 3, Section 1 of the above Fundamental Education Law states: "Equal opportunity for education has

to be given to all nationals regardless of their race, beliefs, social status, financial status or family background." and (Article 4, Section 1) "All nationals are required to provide nine years of basic education for their children."

Thus, this law encompassed both physically and mentally handicapped children, giving them the right to be educated and to be treated equally as other children.

- ② The School Education Law and Special Education

The Fundamental Education Law enshrined the "School Education Law" passed in March 1947. This provided a framework for the new education system and created major reforms. The School Education Law determined that a minimum of six years lower elementary education and three years of lower secondary education be compulsory. In particular, this law was significant in that

it included Special Education also. This excluded ideas that special education be segregated from ordinary education, and determined that mentally and/or physically disabled children be given the same education as any other children, with the same objectives. Obviously, disabled children would need particular help in certain cases, either materially or educationally. This was recognised.

The School Education Law (in Chapter 1, "General Provisions"-Article 1) stated:

"Under this Law, schools are classed as kindergartens, elementary schools, lower and upper secondary schools, colleges and universities, schools for the visually-impaired, schools for the hearing-impaired and schools for the otherwise handicapped".

Thus, schools for the visually/hearing impaired were clearly classified under this law. Chapter 6 of the law gave further details.

(2) Compulsory Education for Visually/ Hearing Impaired Pupils

Although the law demanded that pupils with handicaps besides vision and/or hearing impairments would be catered for, in fact such a need remained unmet. It wasn't until 1949 that the first school was opened (privately).

However, provision had already been made for those pupils with visual/hearing impairment in some way since 1923, under an earlier Law regulating their needs throughout Japan at that time.

So, although the elementary and secondary schools had been established as compulsory in 1947, schools for visually/hearing impaired

pupils were not recognised immediately as part of this system. As this recognition was a long-cherished desire, workers and professionals in the field pressed for the fastest implementation. The Ministry of Education set up a special meeting to meet this need, via the School Education Bureau in 1947. They made a Draft Plan to establish schools for visually/hearing-impaired children into the system. Research as to the present situation at that time was also carried out.

Thus, schools for visually/hearing impaired children were actually recognised and begun as part of the School Education Law in 1948, the first 9-year cycle being completed in 1956.

(3) Development of Special Education Provisions

In 1952 the Special Education Office was set up in the Elementary and Secondary Education Bureau of the Ministry of Education, and special education administration was intensified. This office faced three tasks at the beginning. Firstly, the setting up of provisions to increase the registration rate of education for visually/hearing-impaired pupils. Secondly, trying to meet the education needs of those mentally, physically or hearing-impaired children whose education was not yet made compulsory. Thirdly, deciding a system of classification for children who would be seen to need special education, and creating a specific policy around this.

① Enactment of the Law for Encouraging School Registration.

Though compulsory education for the visu-

ally/hearing impaired pupils had commenced in 1948, their numbers were not necessarily high. Reasons for this included lack of understanding of the objectives of compulsory education, and the effect it would have upon the children. Thus, some families tried to hide their children away, others didn't want their children to leave home to receive education. Society's understanding wasn't the only problem: a more pressing material problem was the financial one.

Compared with elementary or lower secondary schools, the number of schools available for visually/hearing impaired children was few. Parents/guardians had to bear the cost of long-distance commuting sometimes having to travel with their children or pay for attendants and also had to pay for school dormitory fees in some cases. Such problems had to be overcome before numbers of registered pupils would increase.

In 1954, the Law for Encouraging School Registrations of Visually/Hearing Impaired Pupils was passed. This law tackled the above and greatly increased the number of registrations.

② Enactment of the Law creating Special Schools for those with other Handicaps

Thus, schools for the visually/hearing-impaired were established.

Before World War II some schools for pupils with other handicaps were around, but few continued after the war. Those that did continue were designated provisionally as "schools for the otherwise-handicapped",

however they were not part of the compulsory education system and thus were not able to make much progress. Construction costs for building public schools for those with other handicaps had to be borne by local governments.

In order to change these circumstances, special education organizations demanded action. In 1956 "The Special Provision Law for Public Special Schools for the Otherwise Handicapped" was established.

This law aimed to provide early enactment of compulsory education at such schools, as well as increasing their numbers. A national subsidy was also provided for buildings, teachers' salaries, teaching materials and so on.

(4) The Start of the Compulsory Education System for Special Schools

Following the Report of the Central Council for Education in 1971 urging the necessity for the compulsory education system to also apply to special schools, the Ministry of Education planned to both expand and equip special education facilities, starting in 1972, as follows: -

① Providing special schools: the numbers of special schools had to increase if they were to fulfil the requirements of the law to provide education to all pupils with special needs (mentally retarded, orthopedically handicapped and health-impaired pupils).

② It was recommended that special classes for mentally retarded pupils should be set up in towns and cities with over 5,000 population, and that all pupils thus recognised should be enrolled.

Also, it was recommended that, where possible, those who had visual/hearing impairment, orthopedic handicaps, health impairment, orthopedic handicaps, health disturbance that were only minimal should be given schooling in special classes that suited their learning abilities.

③ Equipping kindergartens for special education needs: to prepare the child with a disability of some sort to enter a particular special school, more kindergartens needed to be established.

In order to promote the quickest possible start of the compulsory education system for those with special needs, a 7-year Plan for equipping special schools for the otherwise-handicapped was started.

Under the administrative guidance of the Ministry of Education, local governments promoted the building of schools. A Regulation to set starting dates for compulsory school registration, and obligation of building special schools for the otherwise handicapped in the School Education Law was passed.

This step forward had been long sought after by many concerned workers, parents and professionals. It was expected that 1st April 1979 would see the official start of the compulsory education system for these children.

Following this regulation, the Ministry of Education started other provisions concerned with this. These included: -

- (a) Commencement of the school registration guidance system; setting up School Registration Guidance Committees in

local government;

- (b) Providing subsidies to enable domiciliary visits for those needing special education at home; promoting domiciliary counselling for severely or multiply-disabled people, including visiting teachers' fees; partial subsidizing of fees for attendants in special classes;
- (c) Training and securing of qualified teachers in this field;
- (d) Reform of related regulations and laws.

Thus, the compulsory education system for otherwise handicapped children was implemented from 1979.

2. The Present Situation

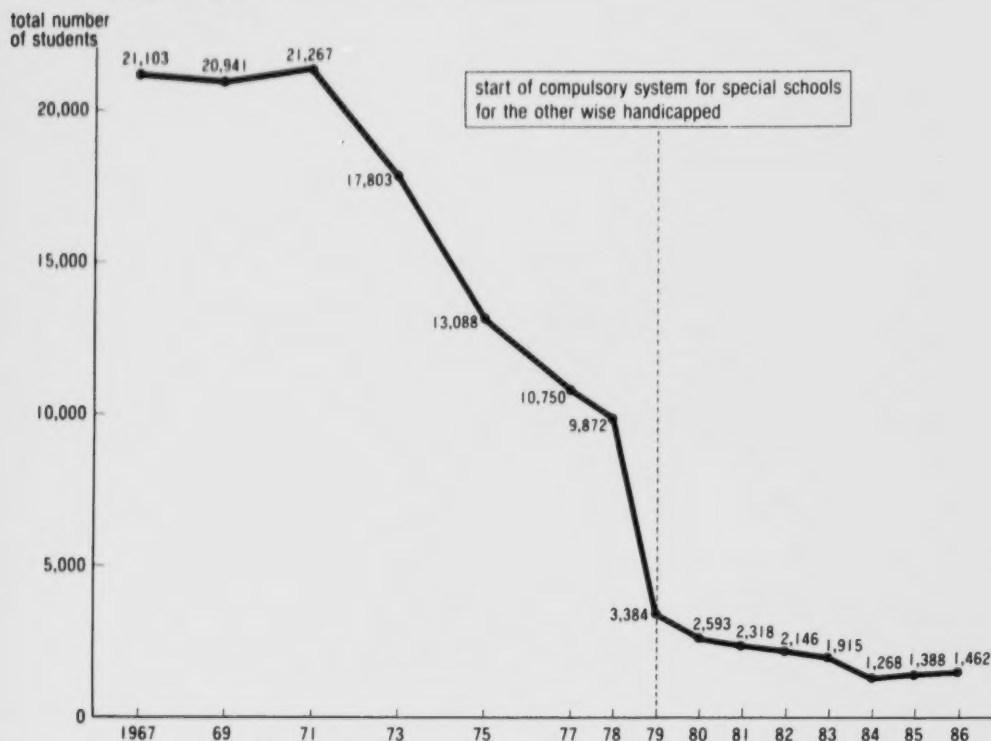
(1) A General Outline of the Special Education System

It is recognised that certain people with mental and/or physical disabilities need a special educational environment in order to develop their full potential. The environment provided has to be suitable for their particular mental and physical abilities, character and level of development. Also, it is necessary to nurture such students so that they can become active members in society. This is the aim of the Japanese idea of "Special Education".

① The Setting of Special Education

Various levels of education are established, according to the type and degree of mental and/or physical disability and need. Special schools are as follows: schools for the visually impaired; schools for the hearing impair-

Figure 5-4 Shift of the Number of Students of Delay and Exemption of School Registration 1967 - 1986



ed; schools for the mentally retarded; schools for the orthopedically handicapped and schools for the health-impaired.

Special classes at regular schools should be available when degrees of disability are minimal or moderate. This would include those children with emotional disturbances or speech disorders also. When their disabilities are minimal, such pupils would be given special consideration in regular classes.

② Students in Special Education

Article 22-2 of the Enforcement Order of the School Education Law outlines the particular degrees of mental and/or physical dis-

ability that indicate the need for special education. The Director of the Elementary and Secondary Bureau of the Ministry of Education decides upon interpretation and regulations of the law (as per Notice 309 dated 6th Oct. 1978). Accordingly, severely disabled children should be enrolled into special schools, while mildly disabled children should be enrolled into special classes or ordinary classes with special assistance where necessary.

Thus, educational settings vary according to the type and degree of disability, and appropriate settings for each child are sought

Table 5-6 Number of Special Schools and Number of Enrollment Classified by Kinds of Schools (As of May 1986)

Type of Special Schools	Number of schools	Number of pupils				
		Kindergarten level	Elementary level	Lower second level	Upper second level	Total
Schools for the Blind	70	175	1,150	1,185	4,041	6,551
Schools for the Deaf	107	1,740	2,865	1,663	2,820	9,088
Schools for the Mentally Retarded	460	44	18,806	16,700	17,297	52,847
Schools for Orthopedically Handicapped	186	145	8,702	5,633	5,889	20,369
Schools for the Health Impaired	95	2	3,376	2,878	746	7,002
Grand total	918	2,106	34,899	28,059	30,793	95,857

Table 5-7 Number of Special Classes and Number of Enrolled Students (As of May 1986)

Type of Impairment	Elementary school		Lower secondary school		Total	
Kind of school	Special classes	Pupils	Special classes	Pupils	Special classes	Pupils
Mentally retarded	10,192	44,228	5,597	28,184	15,789	72,412
Orthopedically handicapped	217	798	113	340	330	1,138
Health impaired	508	2,553	106	344	614	2,897
Partially sighted	65	196	24	70	89	266
Hard of hearing	386	1,349	124	472	510	1,821
Speech disordered	1,321	6,707	88	244	1,409	6,951
Emotionally disturbed	2,156	8,434	868	3,629	3,024	12,063
Total	14,845	64,265	6,920	33,283	21,765	97,548

throughout their education.

③ The Provision of Special Schools, and the Registration of Children within them

Under the School Education Law all prefectures are obliged to provide schools for those with visual/hearing impairments, and otherwise handicapped children in their administrative regions. The same law requires that parents of such children register their children at these schools whilst they are between 6 and 15 years old.

Although the establishing of special classes in elementary and lower secondary schools is recommended, it is not compulsory. The City Education Committees are responsible for these classes being established within schools.

④ School Registration Guidance

The City and Prefectural Education Committees mentioned above are also responsible for determining that children requiring special help because of special needs are speedily and efficiently found and assessed. Health examinations at school registration provide first-line awareness of such children. Professionals such as doctors, education professionals, child-welfare workers etc., from School Registration Guidance Committees can be called to give further advice, examination and so forth. Their professional advice indicates the degree of help needed for each child. Registration is then effected.

⑤ Delay and Exemption of the School Registration Obligation

In exceptional cases of severe disability

such as those requiring constant hospitalization to ensure health and life, the City Education Committee may grant an Exemption of Registration Obligation. Notice 309, previously mentioned, covers these concerns in detail, indicating criteria.

Since 1979 the start of compulsory education for those "otherwise-handicapped" the number of cases of delaying of registration or exemption has decreased a great deal (See Figure 5-3).

(2) **Special Education some Statistics:** (See Tables 5-6/5-7)

As of May 1st, 1986, there are 918 special schools with 95,857 pupils. 97,548 pupils are enrolled in special classes in elementary and lower secondary schools. Among them, the total number of pupils in compulsory education is 160,506. This is approximately 1% of the total number of school-age students (16,800,000).

As already mentioned, schools for visually/hearing impaired pupils had been part of the compulsory education system since 1948, but schools for otherwise-handicapped pupils did not join this compulsory education system until 1979. At that time, mentally retarded children, orthopedically handicapped and health-impaired children were able to obtain education suited to their needs.

In 1979 the number of such children either delayed in receiving, or exempt from, special education decreased to 3,384, by one-third over the previous year. 1978 saw 9,872 children being delayed or exempted from registration, 1979 saw 3,384 and, 1986 saw 1,462

(3) **School Curriculum and Class Organization**

School curricula at the various types of schools for pupils with disabilities are based upon regulations determined by the contemporary view of present education needs for the society. The Fundamental Education Law, the Regulatory Provision Law for School Education and Class Guidance Guidelines are also based upon these contemporary views.

The school curriculum is decided by each schools, which takes into account its local situation, as well as the students' needs depending upon their level of ability, mobility, aptitude, etc. However, much more thought is given to these aspects in special schools. This allows for much more flexibility in these classes

① **School Curriculum in Special Schools**

Education in these schools aims to give education proportionately the same as that offered in any other schools throughout Japan. Also, care is taken to try and give students knowledge, skills and attitudes that help each of them to overcome their disabilities. Thus, objectives and contents of classes, ethics, and special activities try to ensure that all such pupils receive education proportionately the same as any others in elementary and lower secondary schools.

Besides the above, "care and training" is given. Those in schools for visually and/or hearing-impaired pupils are given sensory and mobility training as required, and orthopedically handicapped children receive phys-

ical training. All of this is tailored to each student's individual needs, and woven carefully into the curriculum.

② School Curricula in Special Classes

Education in such classes follows educational guidelines, and classes are usually smaller, depending upon students' abilities and developmental level.

Staff may refer to teachers' manuals giving particular advice, and may organize special classes. Of course, some students may be able to join with regular classes where possible, whilst also receiving guidance regarding their disability.

③ Organization of Small Classes

Conditions and aptitudes differ between physically and mentally disabled children, so special schools give individual guidance and consideration to each, in specially organized classes.

In special schools at elementary and lower secondary level, ten students is the recommended number. In certain other special schools there are only seven students. Multiply disabled students usually number three in each class.

④ Domiciliary Education

For those children with severe disabilities that require daily attendant care, where travelling to schools or living in school dormitories is not possible, teachers may be sent to the pupil's home to provide education. In these cases, contents of lessons, class hours and other related matters are left to the discretion of the teacher and the student's needs.

(4) Teacher-Training for Special Education

As of May 1986 there were 40,074 teachers and 15,153 other staff (including 4,774 helpers) working in schools for special education. Statistically, each teacher or staff member has 1.7 pupils. All teachers in special schools must be qualified in both ordinary education at either kindergarten, elementary, lower or upper secondary level, and also qualified to teach in special schools.

Teachers of special classes have to be qualified to teach in regular schools at elementary or lower secondary levels.

Teacher-training is normally offered at national colleges and universities.

Sixty-three courses each of four year's duration are available. Also there are sixteen courses offering 1-year intensive teacher-training courses, and 1-year special courses for special education. Besides these, twenty-four national, public and private colleges and universities offer recognized courses, and about 3,900 certificates are awarded each year.

Teachers of special education may also continue additional training after graduation to enable them to keep up-to-date with new teaching methods and ideas. Various courses are offered by the National Special Education Institute and other institutes.

(5) Vocational Education and Opportunities following Graduation

① Schools for the visually and/or hearing impaired, and otherwise-handicapped: various kinds of vocational education are offered in accordance with student's abilities and



Depending on their abilities and aptitudes, independent living is the goal for disabled children.

aptitude. The aim is to increase the student's independence and usefulness in society as much as possible.

(a) Schools for the Visually-Impaired :

Traditional occupations for such students include massage, finger-pressure, acupuncture and moxocautery. Many visually-impaired people have found self-sufficiency within these professions. Therefore, such schools also train students up to qualification level.

All 60 schools for the visually impaired at upper secondary level have training courses for masseurs. Training courses for massage and acupuncture and moxocautery are provided as an additional three year course after graduation. Piano-tuning has also become known as a profession after World War II, and there is one school catering for this. Some schools also offer music and homeeconomics courses.

(b) Schools for the Hearing-Impaired :

As of May 1986 there were 75 upper secondary schools for the hearing-impaired. Voca-

tional courses include industrial design (54 schools), dress-making (57), hairdressing (28), printing (8), engineering (6), home economics (5) beautician-training (4) and cleaning (2). Courses are also available in some places for pottery, designing, metalwork and so on.

Qualifications need to be obtained to become beauticians, hairdressers and dental technicians (post-graduate courses only), thus the curricula for these courses are organized to tie in with such recognised qualifications.

(c) Schools for the Otherwise-Handicapped :

These are divided into three categories; schools for the mentally retarded, schools for the orthopedically handicapped and schools for the health-impaired. As these schools have not been established as long as the above two types of schools they are not so well equipped as yet.

Areas of study include agriculture, commerce, crafts, home economics etc. Students are given individual guidance in deciding electives. They are also given training in activities of daily living, basic work skills and guidance in attitudes in facing work, daily life and so on.

② Following Graduation

(a) Following Graduation from Lower Secondary School :

Students graduating from lower secondary schools for the visually/hearing impaired find that most of their upper secondary schools are well equipped to continue their education and vocational training. Thus, the majority of these pupils go on to higher education. Of those otherwise-handicapped pupils, approxi-

mately 60% go on to higher education.

About 50% of graduates from special classes in lower secondary schools go on to upper secondary schools, and about 30% go on to work.

(b) Following Graduation from Upper Secondary Schools:

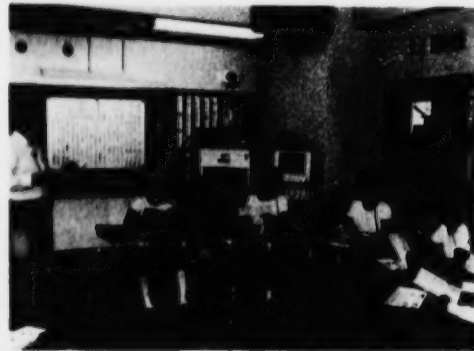
Most graduates from upper secondary courses at schools for the visually/hearing impaired continue onto either post-graduate courses or seek employment. Most visually-impaired people use skills such as massage, becoming finger-pressure masseurs, acupuncture technicians or moxocautery technicians.

Many people with hearing impairment go onto employment in the manufacturing industries - such as assembly work in automobile plants - following graduation. Approximately 30% of the high-school graduates from schools for the otherwise-handicapped go on to employment, some go on to vocational training schools, and some go into various institutions.

(c) Physically Disabled People and Higher Education:

In recent years the number of physically disabled people going onto colleges and junior colleges is increasing. Therefore, the Ministry of Education has been trying to equip national universities to receive more students with such disabilities.

In 1983, physically disabled students entered in national, public and private junior colleges, colleges and universities totalled 816. (704 for colleges and universities, 112 for



Auditory training at the special class for the hard of hearing.

3. The Future

It has been more than 100 years since special education was started in Japan in 1878. During this time has been seen the equalization of opportunity for education, and also the bringing in of the compulsory system for people with disabilities.

School Registration Guidance Committees have been established to ensure fast discovery and effective assessment of disability, and to give adequate chance of education to all such pupils. Domiciliary visits are available.

However, what of the future? The following are considered future areas of development:-

- (a) Establishing of kindergartens for those with disabilities and where possible, integrating disabled children into ordinary kindergartens.
- (b) Upper Secondary schools for disabled people, and increasing the number and types



At the school for mentally or physically disabled children, the basic knowledge needed for vocational and domestic life is also taught.

of vocational education, and the equipment given to such schools.

(c) It is necessary to increase research concerning the needs and methods of education offered to severely or multiply-disabled pupils. With this it is important to increase the training (and thus the quality) of teachers in this area.

(d) There needs to be more integration between able-bodied and disabled children so that children learn to understand disability, and better relations between all sectors of society is established.

(e) Education needs of moderately-disabled children need further clarification and guidance.

(f) Society's understanding of disability, special education and societal needs needs to be promoted.

These will now be considered in more detail :

(1) The Expansion of Early Education

It has been long recognised that an early start in the education of mentally and/or

physically disabled children is particularly helpful for them. However, due to lack of provisions, only those children with hearing impairments have been given this opportunity so far.

In 1969 the "Basic Needs in Special Education" reported that the following would facilitate the education of younger children with disabilities :

(a) Increases in the subsidies given for special schools and kindergartens were needed, to both provide further facilities and increase present equipment. Kindergartens should be designed so that the childrens' parents could participate in their training and upbringing.

(b) To promote further understanding and integration of disabled children within the community, they should be integrated within ordinary community kindergartens. Necessary guidance, training and so on could be provided by visiting teachers and staff.

(c) Special education schools and special classes within ordinary schools are needed to establish educational guidance and counselling to both children and parents.

(2) At upper secondary schools for the visually/hearing impaired and otherwise handicapped education is provided after the term of compulsory education ; this level of post-compulsory education needs to be increased in order to facilitate students' integration into society in terms of both independence and adaptability. Also further upper secondary schools need to be built for disabled people, and the development of further education in accordance with students' abilities,

aptitude and potential needs to be fostered. Disabled students at this level should be able to be accepted in regular schools equipped for them. Means, such as subsidies, to enable this to occur should be established.

Lower secondary students also need to be given more of a structured educational plan in special education schools, this need discussion.

(3) Severely and multiply-disabled students increased in number following their entry into the compulsory-education system. The Ministry of Education made special provision to increase the number of teachers in special classes, to increase facilities in such classes, to provide school buses, and to give more opportunity to expand the education offered, by having more attendants and giving more to the provision of educational materials.

Flexibility, ensuring the students' needs are catered for according to their individual potential and abilities, needs to be increased. Thus, consideration of school curricula was required to ensure this was achieved. Equipment to effect this change was also required, to allow correct assessment of students' abilities.

It is also necessary to give further subsidies and to increase the quality of teacher-training.

(4) Understanding through integration was also seen to be vital. Given that children with disabilities may indeed need particular provision and curricula, notwithstanding this, they should also be able to mix and integrate

with children without disabilities; good results have been seen in terms of understanding and adaptability between children.

The teaching manual for special education stated in 1979: "...to expand students' opportunities to experience and increase sociability and better relationships, students in special schools should be given opportunity to exchange with students in regular schools at elementary, lower and upper secondary levels, as well as the public in special educational school activities..."

In order to develop these possibilities the Ministry of Education has promoted the following:

- (a) Increasing education materials available that promote special education, and distribution of the same;
- (b) Holding teaching sessions for staff involved in promoting the work of special schools;
- (c) Setting up pilot projects in selected schools to facilitate the integration process in elementary and lower secondary schools, and researching. This was done in ways that varied in each school selected, depending upon the disabled students' needs and situations. Each school has a free hand in developing this integration process.

(5) Moderately disabled students were the subject of a special report in 1978 entitled "School Education for the Moderately Disabled", which was produced following a research institute's findings. These were:

Education for the moderately disabled has made much progress in the last twenty years

in the number of special classes available. However, further reforms and equipment are required in order to allow further diversity for students, dependant upon disability, integration with education in regular schools, consideration of provision of education following compulsory education, etc.

These recommendations were based on two views: firstly, the method of referring pupils to schools, and secondly, the choice of educational methods; these being based on the disabled student's placement into either special class, exchange of special and regular classes, special guidance from visiting teachers and counselors and so on. Thus a review was recommended, and contents and methods of education needed consideration.

(6) Increasing society's awareness about the educational needs of the disabled is vital, as thus the need for greater provision of equipment and general development of education is facilitated.

Via such means as the compulsory school education system and the International Year of Disabled Persons, prejudice and misunder-

standing of disabled children has been reduced gradually, but greater efforts are needed. In June 1987, the Headquarters for the Promotion of Services for Disabled People in the Prime Minister's Office announced a "Long-Term Plan of Action for Disabled People during the latter half of the Decade".

This covered the following matters concerned with education of society:

"Promotion of education that increases the understanding of pupils at elementary and lower secondary schools about the needs of disabled pupils, is needed.

Exchanges that increase understanding of the needs of children with disabilities through exchanges and integration between pupils of special and regular schools, and people in the community, is also vital.

Projects selecting schools for integration schemes, increasing information to pupils regarding disabled childrens' situations, of materials to promote deeper understanding are also vital for all pupils at elementary and lower secondary schools."

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Chapter 6

Vocational Rehabilitation

I. Outline of Vocational Development and Employment Systems in Japan.

1. The Employment Situation in Japan

(1) Employment

The work force in Japan as of 1985 was 59,630,000 among the total population of 120,780,000. This accounted for 63% of the population over fifteen years of age, which totalled 94,630,000. Some features of the employment situation are as follows:

Employment by Industry: Whereas the numbers employed in primary industries is decreasing every year, that of the tertiary industries is increasing.

Employment in secondary industries has been reducing since 1974, but has been recovering somewhat since 1984.

Employment by Occupation: In 1965 those employed in the primary industries of agriculture, forestry and fishery as a whole, accounted for approximately 25% of the total work force. In 1985 this had dropped to 8.6%. Workers in professional, technical and administrative fields as well as sales and clerical posts are increasing.

Ratio of self-employed to total number in Work: The number of self-employed (including family-employed) was 39.2% in 1965. This had fallen to 25.7% in 1985. This group is also decreasing.

(2) The Situation for Employees

Female Employees: Since 1960 the number of female employees has been continuously growing. It totalled 15,480,000 in 1985, a total of 35.9% of all employees.

Age structure: In 1965 the number of employees aged 55 years or over was 7.5%. In 1985 this figure stood at 12.4% of all employees, a significant increase.

Forms of Employment - Besides regularly employed full-time workers, there is a growing number of new styles of workers, such as part-time, dispatched, temporarily transferred workers, etc.

The number of part-time workers is estimated at about 3,000,000, of which 70% are female. Part-time female workers account for 20% of the total number of all female workers.

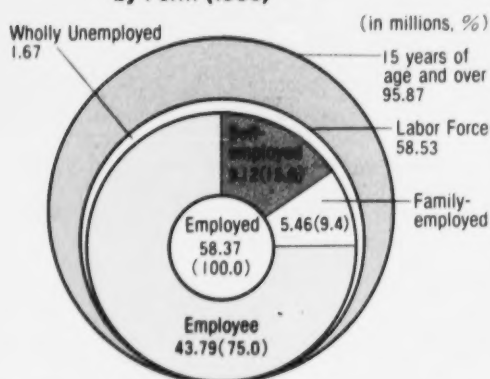
50% of all part-time workers are males

Table 6-1 Change of Component Ratio of Employment by Industry

Year	Number of Employed				Component Ratio (%)			
	Total	Primary	Secondary	Tertiary	Total	Primary	Secondary	Tertiary
1965	4,730	1,113	1,507	2,109	100.0	23.5	31.9	44.6
70	5,094	886	1,791	2,409	100.0	17.4	35.2	47.3
75	5,223	661	1,841	2,710	100.0	12.7	35.2	51.9
80	5,536	577	1,926	3,020	100.0	10.4	34.8	54.6
85	5,807	509	1,992	3,283	100.0	8.8	34.3	56.5

Source: "Survey on Manpower" Statistics Bureau, General Affairs Agency

Figure 6-1 Component Ratio of Employment by Form (1986)



Source: "Survey on Manpower", Statistics Bureau, General Affairs Agency

aged 55 years or over, and females aged between 35 and 44 years old.

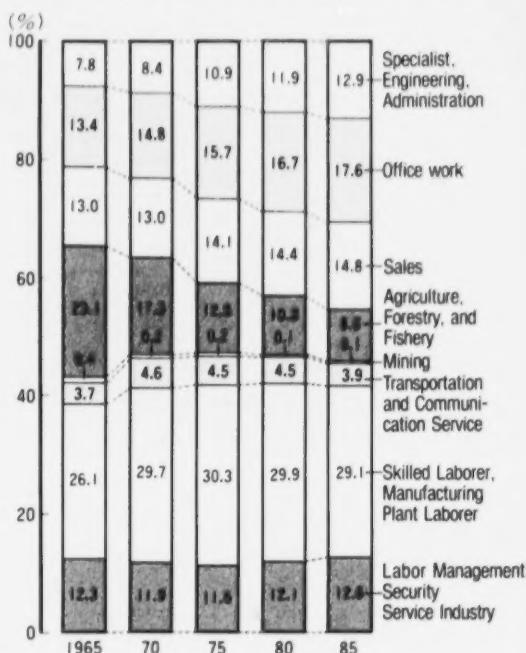
Almost 70% of enterprises send a number of their employees out on loan to other enterprises. This is more frequently done between big enterprises.

One-third of those thus transferred are aged 45 years and older. Hence, the temporary transfer has become another way of securing new employment for older employees.

An increasing number of enterprises particularly those in finance, insurance, and so on are employing dispatched workers for specific areas of work.

At present, these usually mean building,

Figure 6-2 Changes in Types of Employment



Source: "Survey on Manpower", Statistics Bureau, General Affairs Agency

maintenance and security work, but will now take in other areas such as information processing and office work.

(3) The Trend of Unemployment

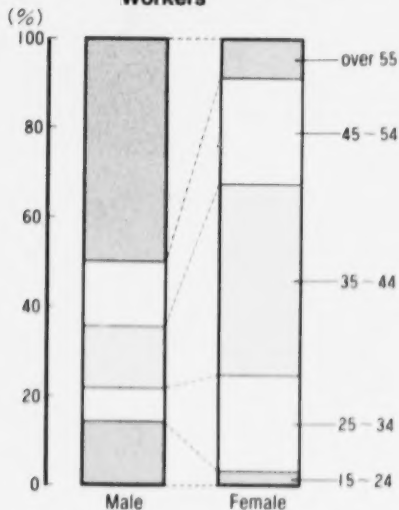
Since the Oil Crisis in 1973 the number of full-time unemployed people has increased annually except for a period around 1980. In 1981 the unemployment rate was 2.7% around 1,610,000 people. This was the highest ever known in Japan up to that time. Although there was a decline in 1985, the rate then shot up to 3.2% in May 1987. This was due to a combination of structural depression in the iron and shipbuilding industries, and also stagnation in exports due to the Yen spiraling

Table 6-2 Number of Woman Employees
(Unit: 1000) (All industries)

Year	Number of Female Employees	Ratio of Female Employees to All Employees
1970	1,096	33.2%
75	1,167	32.0
80	1,354	34.1
85	1,548	35.9

Source: "Survey on Manpower" Statistics Bureau General Affairs Agency

Figure 6-3 Age Structure of Part-Time Workers



Source: "Special Survey on Manpower", Statistics Bureau, General Affairs Agency

upward in the world market.

This was the worst time ever for the Japanese market.

Additionally, it is said that manufacturing industries are "holding" 900,000 employees without jobs in their companies, because in the usual Japanese employment practice companies avoid laying-off workers as much as possible. Growth of overseas production is making it even harder to reduce unemployment.

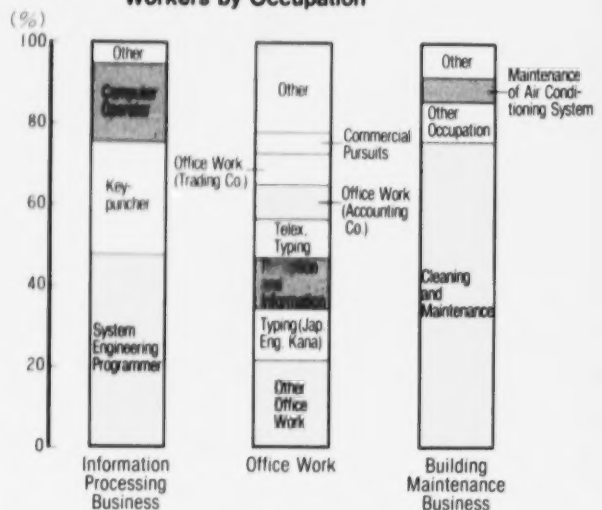
(A "full-time unemployed person" is defined in this

Table 6-3 Middle-Aged and Elderly Employees as Percent of All Employees (All industries)

Year	Percent of All Employees (%)		
	55-59 years	60-64 years	65 and over
1965	5.9		1.5
70		6.8	1.0
75	4.6	3.0	2.4
80	5.5	2.9	2.6
85	6.9	3.1	2.3

Source: "Survey on Manpower" Statistics Bureau General Affairs Agency

Figure 6-4 Composition of Dispatched Workers by Occupation



Note: Occupations are those of the component ratio 5% and over.
Source: "Survey on Dispatched Workers in Ministry of Labor", 1984.

paper as someone who during the period of this study didn't work for longer than one hour a week, or at all, even though able and willing to do so. Please note this when comparing findings internationally).

The rate of effective labor demand to effective labor supply (effective job openings/effective labor supply) began to decline in 1973, and since then has remained under 100%, though with variations. The higher the age-group the lower the ratio. For those over 55 years of age the ratio is under 20%, indicating the difficulty older people have find-

Table 6-4 Number of Job Openings and Labor Supplies (Yearly mean)

Year	Labor Supplies		Labor Openings		Employment (C)	Ratio of Effective Labor Demand to Effective Supply (B)/(A)	Employment Rate (C)/(A)	Rate of Filled Vacancies (C)/(B)
	New	Effective (A)	New	Effective (B)				
	(thousands)	(thousands)	(thousands)	(thousands)	(thousands)	(times)	%	%
1945	325	1,070	521	1,507	158	1.41	14.8	10.5
1950	350	1,536	339	943	122	0.61	7.9	13.0
1955	364	1,507	390	1,128	119	0.75	7.9	10.5
1960	412	1,707	401	1,161	130	0.68	7.6	11.2

Source: "Statistics on Employment Security Services" the Ministry of Labor

Figure 6-5 Change of Unemployment Rate (Yearly mean)



Source: "Survey on Manpower", Statistics Bureau, Prime Minister's Office

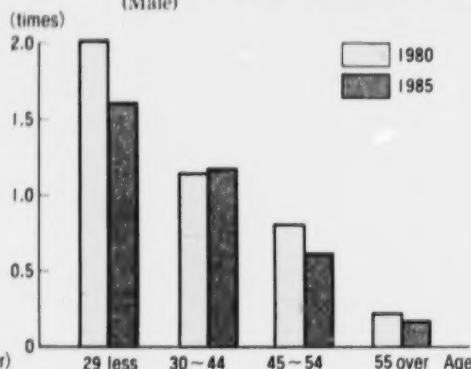
ing work.

On the other hand, the rate of filled vacancies is around 10%, with many job openings left unfilled. Thus, supply and demand in the labor market are becoming harder to match. This disparity stems from changes in the employment structure and age composition of the labor force.

(4) Working Conditions

Wages: Indexes of nominal and real wages are shown in the above figure, for 1985. The wage level in Japan in 1984 was a little higher than those of England and France. Break-down of wages into categories of sex, age and scale of company suggests the following features:

Figure 6-6 Ratio of Effective Labor Demand to Effective Supply by Age Group (Male)



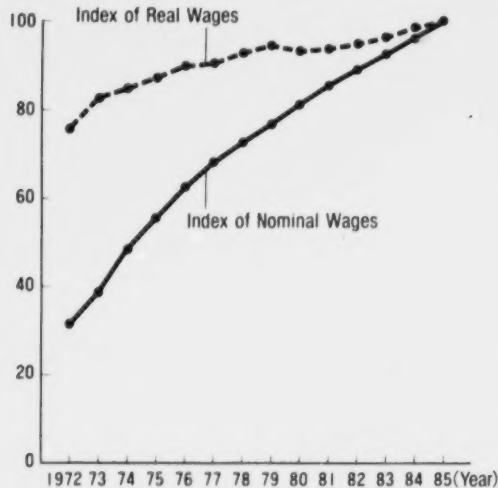
Source: "Statistics on Employment Security Services", the Ministry of Labor

Male workers' wages increase with age, reaching a peak at 45 - 49 years of age, and then level off. However, female workers' wages vary little with regard to age, with wage levels remaining the same after about 30 years of age. Larger enterprises pay higher wages to workers of both sex.

Wage differentials tend to be less when workers are younger, between male and female workers and enterprises of different scales.

Wage systems in private enterprises are based on a variety of factors, including those of age, seniority, school/college/university previously attended (personal factors), and also work factors such as position, duty,

Figure 6-7 Change of Nominal and Real Wages



Source: "Monthly Statistics on Labor" the Ministry of Labor

performance, etc., and an overall evaluation of both determines wage.

Only 5.5% of all enterprises set a wage based upon only personal factors.

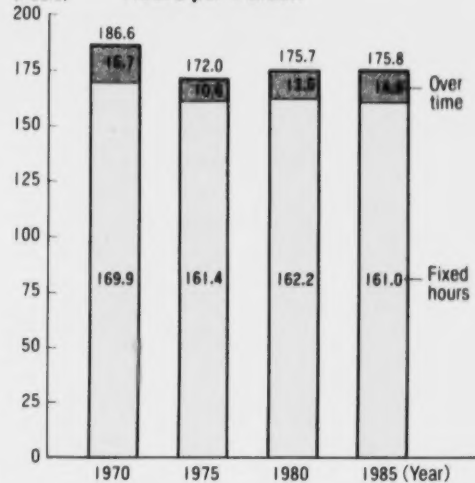
The rest base wages upon either work factors or overall evaluation or both.

This indicates a decline in the previous wage systems based upon the seniority rule, once regarded as a customary Japanese practice.

Working hours: Although it is said that the Japanese are "workaholics", in fact the number of working hours per month has been declining each year.

In 1970 only 14.6% of organizations had a 40-hour workweek. This had increased to 41.7% of major industries in 1975, and in 1985 almost 50% of all enterprises were using a 40-hour workweek, which covered 76.5% of their employees. However, although redu-

Figure 6-8 Average of Monthly Working Hours per Person



Source: "Monthly Statistics on Labor" the Ministry of Labor

ced, hours are generally longer in Japan than in the West.

2. Organization and Functions of the Labor Administration in relation to Vocational Rehabilitation

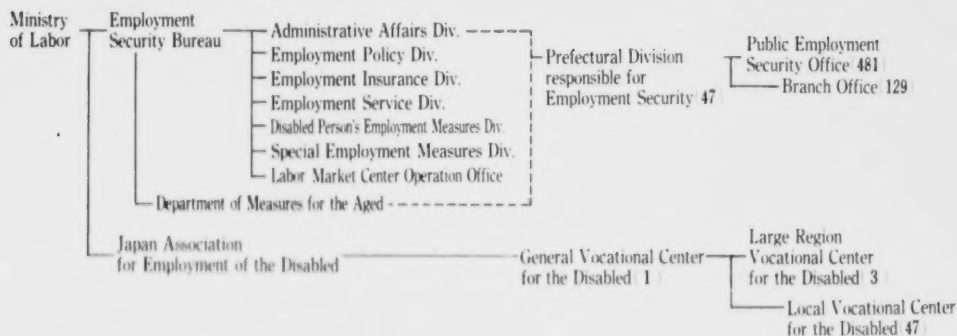
(1) Employment Security Organizations

These organizations aim to implement the Employment Security Law. This law seeks to ensure employment opportunities for all potential workers, based upon freedom of choice and equality for all seeking work. This also stabilizes the work-force, thus ensuring the nation's prosperity.

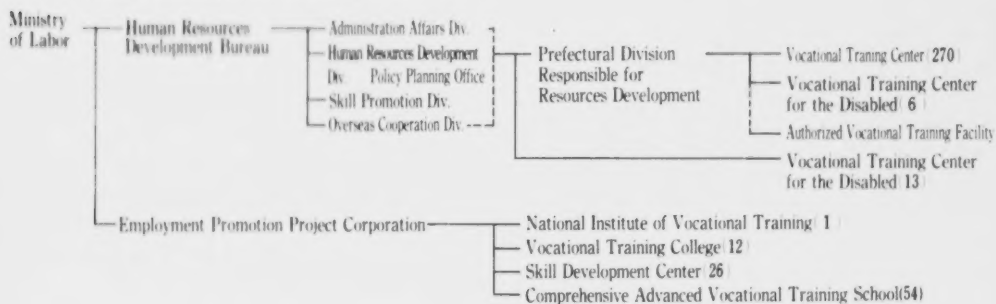
The Employment Security Organizations try to meet this law by supplying manufacturing and other industries with the necessary workers.

These organizations are based throughout

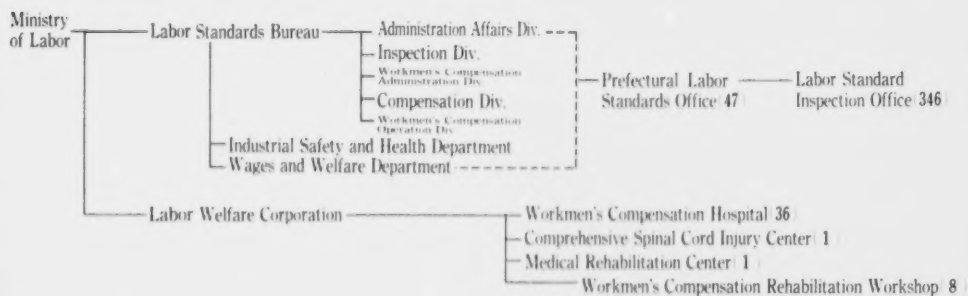
Figure 6-9 Employment Security Organization



Human Resources Development Organization



Organization of Labor Standards Administration



the country and work with related government agencies in helping to efficiently mobilize workers on a nationwide basis. Computers and other technology are used in correlating information.

These organizations are administered through the Employment Security Bureau of the Ministry of Labor. Thus, all employees are government employees.

Public Employment Security Offices are in

the forefront of all employment security organizations. They provide free services including employment placement exchange, vocational guidance and employment insurance in their task of meeting the above law.

Major Services under the Employment Security Administration :

Services of growing importance include general employment planning, employment exchanges, vocational guidance, and employment adjustment. Also, a growing involvement with promotion of work for elderly, disabled and unemployed people, due to the decline in available work for reasons cited earlier.

(2) Human Resources Development

Organizations

The purpose of these are to develop and improve the vocational skills of workers and prospective workers by helping them develop work skills that make them more employable. Such organizations are responsible for providing services in accordance with the employment situation, industrial trends, technological advancement, changes in contemporary work structure, etc.

They also consider each individual's work experience, aptitude and so on. These services are offered systematically and are available throughout the whole of people's working lifetime. Programs : these are generally divided into two types, public and private. Public courses are offered by Government organizations, and private courses are offered by employers, etc.

Generally, most workers' vocational train-

ing programs are classified as basic, advanced and redevelopmental. The courses offered by the public vocational training facilities are looked upon as providing the appropriate standards for training, as well as some recognized employers' authorized training programs. The Ministry of Labor oversee the acceptable standards of such training. In order to avoid overlapping with the vocational training courses offered in the education system, this vocational training particularly emphasizes practical skills and training.

The Official Vocational Skills Certification System :

All workers undertaking a Vocational Skills Course are awarded either a First or Second Grade certificate, depending upon their level of skill after examination and testing, with regard to their particular occupation. Those who pass receive the appropriate certificate.

(3) Industrial Health and Safety Measures

Minimum working conditions and the prevention of Labor Accidents and Occupational Disease. These are concerns of the Labor Standards Law. The Minimum Wages Law is concerned with the level of wages of workers. The Health & Safety Law is also concerned with prevention of accidents at work.

Industrial Accident Compensation :

The Workmen's Accident Compensation Insurance Law prescribes measures in case of injury, disease, disability or death of workers either at work, or on the way to or from work. This includes insurance payments, assistance with rehabilitation and assistance

for workers or the bereaved families.

(4) Employment Insurance Scheme

This is designed to assist workers to secure a living and find new jobs by means of compensation for wage loss through unemployment. Other measures enshrined within this Scheme are prevention of unemployment, increasing employment opportunities, im-

proving employment structures and developing workers' abilities, etc.

Coverage: This insurance system covers all enterprises employing workers, excluding some types of agricultural, forestry and fishery workers, who have had optional coverage in different schemes for some time.

II. Vocational Rehabilitation

1. Developments after World War II

Before World War II, vocational measures for the disabled were partly included in financial relief measures. The Health Insurance Law provided in some part for industrial safety and workmens' accident compensation, as well as the Factory Law.

The war years provided significant scope and measures to help wounded veterans.

After the War, following the collapse of the old systems and the introduction of the new Constitution, laws based upon this included the Employment Security Law, the Labor Standards Law and the Workmens' Accident Compensation Insurance Law which were enacted in 1947, and the Law for the Welfare of Physically Disabled Persons in 1949. By means of these laws, the services previously given to disabled and injured veterans were also extended to be available to other physically disabled people as well.

Development of vocational rehabilitation is more fully categorized below, (in chronologi-

cal order).

(1) Development of Vocational Guidance and Placement Services

1947: As a result of the Employment Security Law, the provisions concerning placement and vocational guidance services now apply to all disabled people including wounded veterans at public employment security offices.

1952: "The General Plan Developing Measures of Vocational Rehabilitation for the Physically Disabled" is formulated. It covers registration of disabled people at public employment security offices, development of job opportunities, placement counseling, promotion of disabled peoples' vocational abilities, etc.

1960: Enactment of the Physically Handicapped Persons' Employment Promotion Law - this creates opportunity for guidance to be offered to prospective employers, placement, follow-up services, advice to employers, etc.

1968: Employment Promotion Guidance Officers placed at Public Employment Secu-



Guidance for artificial feet by "Keiseisha", a Vocational Training Center for disabled people before the 2nd World War.

rity Offices to provide disabled people with vocational guidance and placement services.

1975: Vocational Guidance Officers there were placed mainly to give employers guidance regarding employment of physically disabled people. As of 1987 there are 416 employment promotion guidance officers and 540 vocational guidance officers.

1972: The Employment Promotion Project Corporation opened the first Vocational Center for the Disabled in Tokyo staffed with professional counselors.

1973: Sign Language Interpreters were assigned to public employment security offices to assist people with hearing impairments to receive counseling about vocational guidance. There are 200 interpreters as of 1987.

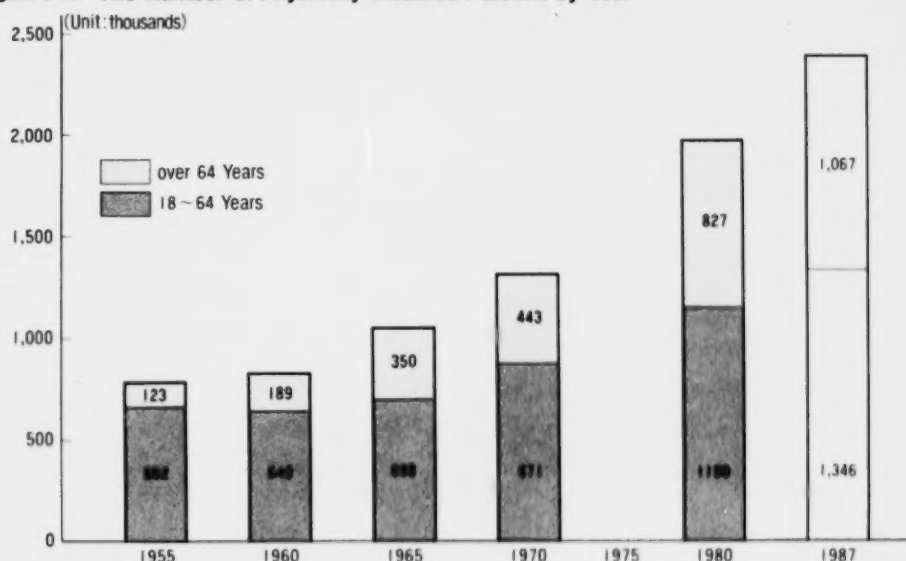
1976: Vocational Counselors for Mentally Retarded People were placed at the public

employment security offices. Vocational Counselors for Physically Disabled People were also placed there in 1981. In 1987 there are 194 and 140 respectively.

1987: The revision of the Physically Handicapped Persons' Employment Promotion Law has created a change in provisions, enabling help to be given to all types of people with disabilities.

The Japan Association for Employment of the Disabled is entrusted with the establishment and administration of all vocational centers, by the Ministry of Labor. As a result vocational centers have been renamed Local Vocational Centers for the Disabled (from April 1988); by this law, counselors at such centers now have defined qualifications.

Figure 6-10 The Number of Physically Disabled Persons by Year



Note: ① Excluding 1975. ② Figures from 1955 ~ 1965 are estimated.

Source: Survey on Physically Disabled Persons (and Children), Ministry of Health and Welfare.

(2) Progress of Vocational Training Programs

1947: The principles of vocational training were provided under the Employment Security Law, requiring that curricula and methods of vocational training for physically disabled people be provided in accordance with their abilities.

1949: The revision of the Employment Security Law added these new provisions:

① Physically disabled people were, in principle, expected to take vocational training alongside able-bodied workers on vocational training courses.

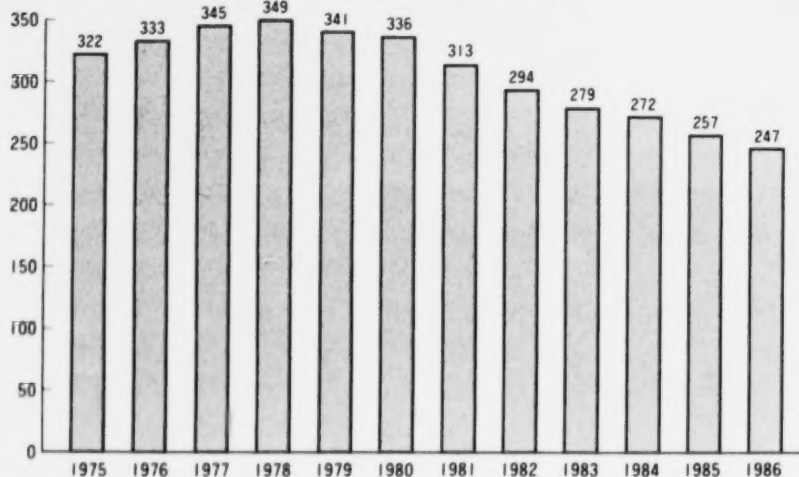
② When necessary, a special public Vocational Training Center may be established adjacent to rehabilitation institutions for the physically disabled.

③ Prosthetic appliances and equipment could be made and repaired at these special

Vocational Training Centers. However, as no special Training Center was ever built adjacent to a rehabilitation institute, this provision never became effective and was deleted in 1958 when the Vocational Training Act was established.

1958: The Vocational Training Act became responsible for provision of vocational training matters, as originally given under the Employment Security Law, but there was little change in the actual training system. However, the act did allow for physically disabled people on vocational training courses to receive a public vocational training allowance. In 1969 this was also extended to include mentally retarded people. After the revisions of the above act in 1969, 1978 and 1985, the act was renamed the Human Resources Development Promotion Law. Major changes included:

Figure 6-11 Number of Industrial Accidents
(Number of People Off-work for More than 4 Days)



Source: Labor Standards Bureau, Ministry of Labor

- More flexibility in training programs offered to people.
- Vocational training programs extended to mentally retarded people.
- People with more severe physical and/or mental disabilities were accepted.

In 1949 there were 5 vocational training centers for the disabled established by the government. This had increased to 11 in 1969. Since then only further 6 centers have been built, which are administered via prefectural governments.

1979: The Central Vocational Training Center for the Disabled was established as part of the National Vocational Rehabilitation Center for the Disabled.

As a result, vocational training has been fully integrated into the vocational rehabilitation process.

1987: The Kibikogen Vocational Training

Center for the Disabled was established as part of the National Kibikogen Vocational Rehabilitation Center for the Disabled.

(3) Measures for Industrial Health and Safety, Compensation Measures for Industrial Accidents

1947: The enactment of the Labor Standards Law. This laid down minimum working conditions. Also, at the same time the Workmen's Accident Compensation Insurance Law was passed, to provide assistance for workers injured at work.

So far, this has been revised more than forty times in order to improve insurance cover and benefits. Workmen's Accident Hospitals have been built specifically to treat injured workers. In 1986 there were 36 hospitals operated by the Labor Welfare Project Corporation.

1959: The Minimum Wage Law was pas-

Table 6-5 Revisions of Legal Quota

Employer \ Year	1960	1968	1979	1988
Governmental bodies				
Non-clerical	1.4%	1.6%	1.8%	1.9%
Clerical	1.5	1.7	1.9	2.0
Private enterprises				
Non-clerical	1.1	1.3	1.5	1.6
Clerical	1.3			
Public Corporations				
Non-clerical	1.3	1.6	1.8	1.9
Clerical	1.5			

- Governmental bodies (Clerical)
- x-x- Governmental bodies (Non-clerical)
- Private enterprises
- ▲— Public corporations

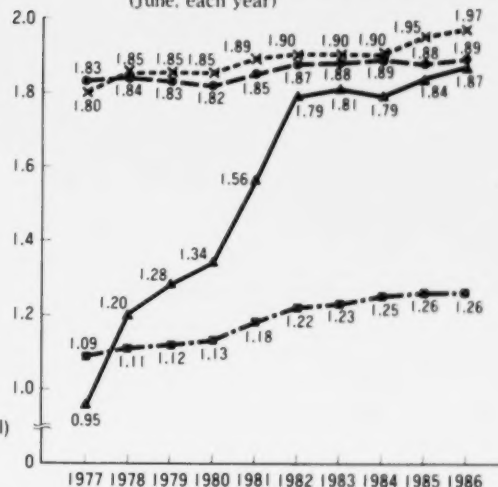
sed, which secured a guaranteed minimum wage. Physically or mentally disabled workers with extremely limited vocational abilities may be exempted from this law by permission of the Director of the Labor Standards Bureau.

1965: The first Workmens' Accident Rehabilitation Workshop was established in Naga-no. This provided work as well as rehabilitation for workers with spinal-cord injuries that were caused by industrial accident. There are 8 workshops of this type now in Japan.

1972: Besides the Labor Standards Law, the Occupational Health and Safety Law was enacted. This met the need to provide cover for a growing number of serious industrial accidents, occupational diseases and it also covered smaller businesses.

In the same year the Loan System for Occupational Health and Safety began.

Figure 6-12 Change of Actual Employment Ratio (June, each year)



Source: Labor Standards Bureau, Ministry of Labor

Under this scheme, the Labor Welfare Project Corporation can give loans to enable employers to improve the safety of their workers' environment, thus preventing industrial accidents.

1973: The positions of Occupational Safety Consultant and Occupational Health Consultant were established; qualifications for this were determined by State examination and registration, started at the same time.

As of 1st July 1987 there were 546 and 1,223 registered consultants respectively.

(4) Measures for the Employment Promotion of Disabled People

1952: "The General Plan for Vocational Rehabilitation of Disabled People" was produced, to try and increase disabled peoples' employment chances.

The plan recommended that the public needed greater understanding of the employ-

ment needs of physically disabled people. It called for cooperation from employers, government and municipal offices, and public and municipal corporations employing disabled people. Those enterprises that were seen to have work available that particularly suited disabled people were strongly urged to employ them, including larger enterprises. The Employment Promotion Councils for Physically Disabled People was set up in Tokyo and other prefectures in order to discuss this matter. The council presented "A Statement on the Vocational Rehabilitation of Physically Disabled People" as part of the plan, and following this an agreement was drawn up at a Vice-Deputies' conference which was instrumental in carrying out these recommendations within governmental and municipal offices.

1960: The Physically Handicapped Persons' Employment Promotion Law was enacted. This indicated the employment quota for the numbers of physically disabled people that should be employed within all enterprises - governmental, municipal and private - as much as possible.

1976: A radical revision to the above Employment Promotion Law meant that the above quota of recommended numbers of disabled people in employment was now a legal obligation. Enterprises failing to achieve this legal quota were required to pay a levy. The funds created by this levy system were returned as various grants to employers prepared to offer work to even more disabled people than is legally required. (These include

the Employment Adjustment Grants, Encouragement Grants, etc.) Grants such as these and others were also part of the above established revision in law.

1987: The Physically Handicapped Persons' Employment Law was once again thoroughly revised and renamed "The Law for Employment Promotion etc. of the Disabled". There was little change in the basic provisions of the law, but an additional amendment made it legally binding that the employment ratio also covered mentally retarded people. This in itself was a significant addition, meaning that the law covered every type of disability; many provisions were also added that related to vocational rehabilitation, as well as those already included as vocational guidance measures.

(5) Employment Assistance Measures for Employers

1967: A loan system was established that gave long-term, low-interest loans to those employers needing to build or modify their workplaces because they were employing - or wanting to employ - physically or mentally disabled people. This covered such needs as accommodation, welfare and vocational training costs, when they employed people via the public employment security office.

1973: The Encouragement Grants for employers (explained earlier) were established, and were replaced in 1981 by the Employment Development Grant, which was designed to assist in the employment of specific disabled people and covered employers' wages.

Also in this year the tax system was adapt-

ed to assist employers of disabled workers, including an adjustment in the amount of depreciation available for those enterprises with more than 20% of workers who were disabled.

1973: also saw the establishing of the Special Loan System for enterprises with many disabled workers (known then as "model factories"). This was replaced in 1981 by a grant available for those specifically employing severely disabled workers. This is also covered by the Levy System funds.

1976: The establishing of the Levy System already described.

(6) Employment Assistance Measures for Disabled Employees

1960: On-the-Job Adjustment Training Program was started as part of the Physically Handicapped Persons' Employment Promotion Law. This program was extended in 1967 to cover mentally retarded people and in 1986 to cover mentally ill people.

1961: A "no-interest" loan-system was started to assist physically disabled people to obtain employment.

1963: The Employment Promotion Project Corporation started a system by which they could stand surety for physically disabled people who didn't have the means to do so for themselves.

1968: The above corporation also started a system to stand surety for loan to physically disabled people who had been registered at a public employment security office and were going to start self-employed businesses.

Also in this year, a loan-system was set up

to allow disabled people with impairments of lower-limbs, trunk or internal organs, who were being assisted in finding employment via the public employment security office, to be provided with a car for commuting purposes. In 1973 this was also extended to include Kana-typewriters for visually impaired people, and in 1974 it was available to buy industrial sewing machines for people with lower-limb impairments. Electric wheel-chairs for disabled people with impairments of lower-limbs, trunk or internal organs in 1976, cars for people with upper-limb impairments in 1982, and word-processors for visually impaired people in 1984. However, this system was totally abolished in 1988 as it was actually replaced by the grants.

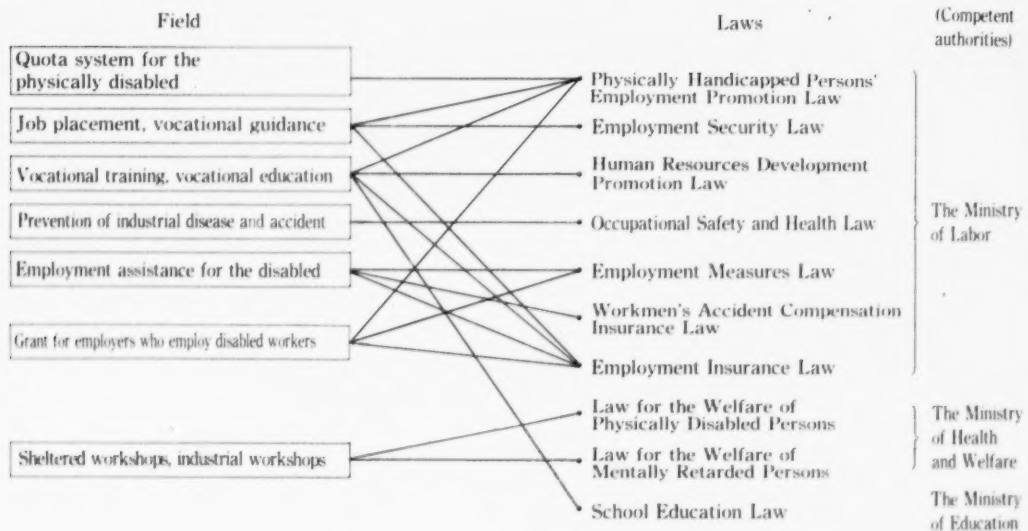
(7) The Establishing of Comprehensive Rehabilitation Facilities

Formerly, it had been the practice to segregate vocational needs of rehabilitation into categories such as vocational guidance, vocational training and placement procedures. However, it was now more clearly understood that a comprehensive rehabilitation package was required for each disabled person. This might range from medical care and medical rehabilitation to vocational rehabilitation, each part being particularly tailored to suit the needs of that particular person.

Following discussion and planning, the first of such comprehensive facilities was opened in 1979 at Tokorozawa City, Saitama Prefecture - The National Vocational Rehabilitation Center for the Disabled.

The services offered above are carried out

Figure 6-13 Main Laws concerning vocational rehabilitation



in close cooperation with the National Rehabilitation Center for the Disabled, established by the Ministry of Health and Welfare on the same campus.

Prior to admission to the National Vocational Rehabilitation Center, a person is required to attend the second establishment and undergo necessary medical rehabilitation services and training in activities of daily living. Following this, vocational assessment and guidance, training and on-the-job adjustment training are all available as required at this center.

1979 also saw a similar establishment opened at Iizuka City, Fukuoka Prefecture - The Comprehensive Spinal-Cord Injury Center. This offers comprehensive rehabilitation services. In 1987 the National Kibikogen Rehabilitation Center was opened to provide comprehensive rehabilitation services including medical rehabilitation, vocational guid-

ance and vocational training. From April 1988 the vocational guidance departments of these centers are classified as Regional Vocational Centers for the Disabled in accordance with the Law for Employment Promotion etc. of the Disabled.

2. The Present Situation

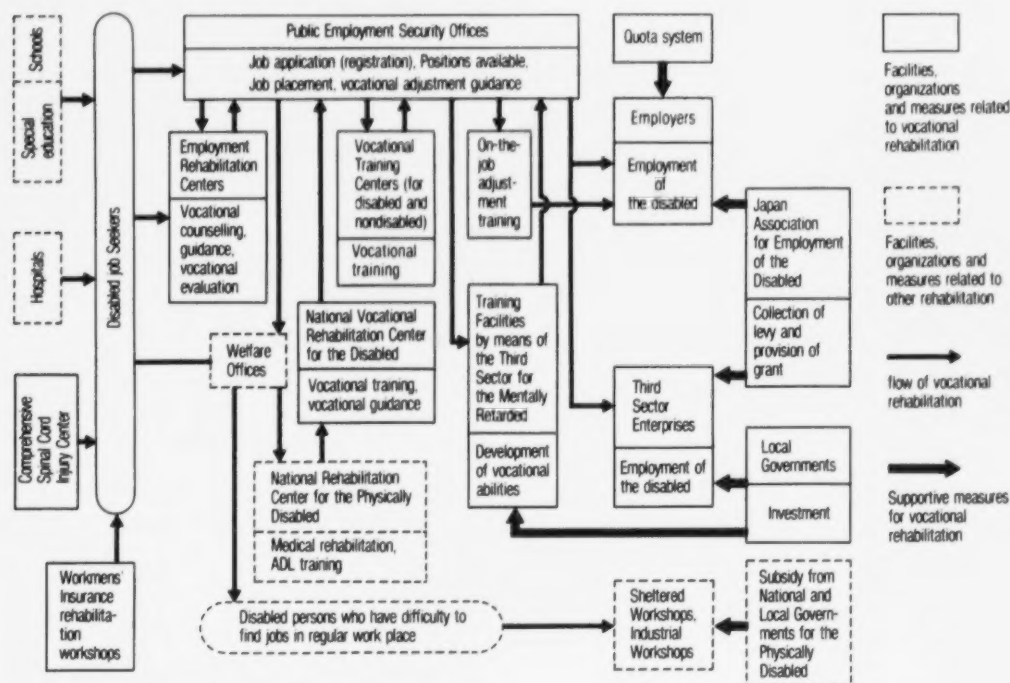
(1) An Outline of Legislative Measures for Vocational Rehabilitation

Japan has many laws relating to vocational rehabilitation measures and each of the areas covered is partially overlapped by several areas of other laws.

The responsible authorities for these laws are the Ministries of Labor, Health and Welfare, and Education. The Ministry of Labor plays the key role.

The Law for Employment Promotion etc. of the Disabled is the fundamental bedrock of

Figure 6-14 Process of Vocational Rehabilitation



all such related laws. First established in 1960 as the Physically Handicapped Persons' Employment Promotion Law, it then underwent revisions in 1976 and 1987. Under this law, as well as fundamental provision of promotion of vocational rehabilitation, there are also employment promotion programs for disabled people which include the Quota System, and the Levy and Grant Systems, providing the core of related measures.

The Human Resources Development Promotion Law provides and administers public vocational training programs via central and local governments. Vocational training centers are established according to this law.

The School Education Law provides vocational education for disabled children. The Employment Security Law requires that disabled people be given both vocational guidance and placement services via the public employment security offices.

Under the Employment Countermeasures Act and the Employment Insurance Law, disabled people may receive an allowance whilst undertaking vocational training or guidance courses. This is also via the public employment security office. Employers are provided with various types of assistance as previously outlined by the Law for Employment Promotion etc. of the Disabled as well as



Left: Disabled people, helping to make prosthetics at a vocational training center for the physically disabled in Kanagawa Pref., many years ago.

Right: Scene of Vocational Guidance at an Employment Rehabilitation Center for the Disabled

other laws above.

The Occupational Health and Safety Law provides for prevention of injury and disease caused by industrial accidents. Comprehensive coverage is provided via the Workmens' Accident Compensation Insurance Law for those disabled by industrial accident or disease.

(2) Processes of Vocational Rehabilitation and Related Facilities

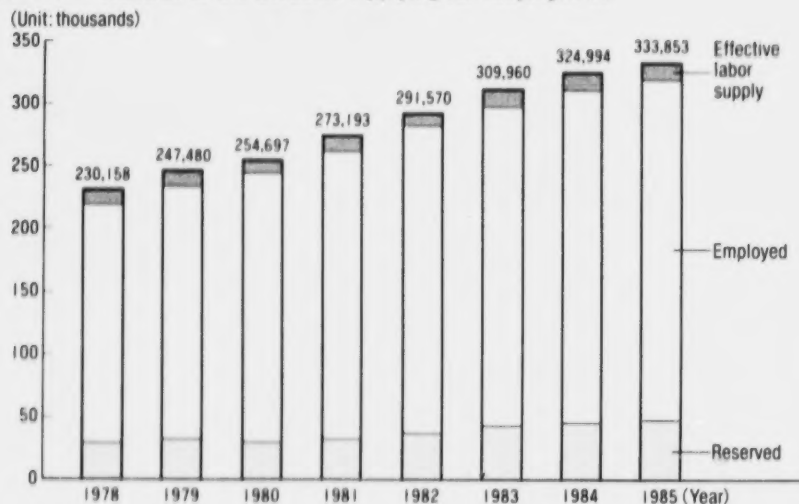
There are various agencies and facilities related to vocational rehabilitation in Japan. These include those established and operated by central government, local government or special organizations established to fulfil the various laws (for example, the Employment Promotion Projects Corporation, the Japan Association for Employment of the Disabled, etc.) as well as private organizations and

enterprises.

Each of these agencies and facilities offers a certain specific vocational rehabilitation service for disabled people. Their differing roles and work-relations are extremely complex. Figure 6-13 shows how these major agencies and facilities are interrelated to each other as the vocational rehabilitation process is started and continued for each prospective worker, from job application to eventual employment.

The Disabled Persons' Employment Council is organized under the Ministry of Labor and consists of representatives from workers, employers, disabled people and other knowledgeable personnel. Its function is to investigate and deliberate over important matters related to promoting disabled peoples' employment, job security and so on, and to pass

Figure 6-15 Number of the Disabled Applying for Employment



Source: "Statistics on Employment Security Services", Ministry of Labor

on its findings to the relevant authorities.

(3) Vocational Guidance and Placement Services

① Public Employment Security Office

The above offices are responsible for ensuring that when a disabled person comes to them about a job application, they are registered. The registration provides detailed information concerning the applicant's disability, vocational guidance to date, placement, employment, etc. These records are kept for reference until the applicant cancels the registration. Even when they gain employment, their information is kept, that they may continue to receive any relevant help available as required.

Vocational guidance services at these offices includes aptitude-testing, information about employment, etc. If further specific and specialized assessment is required, the above

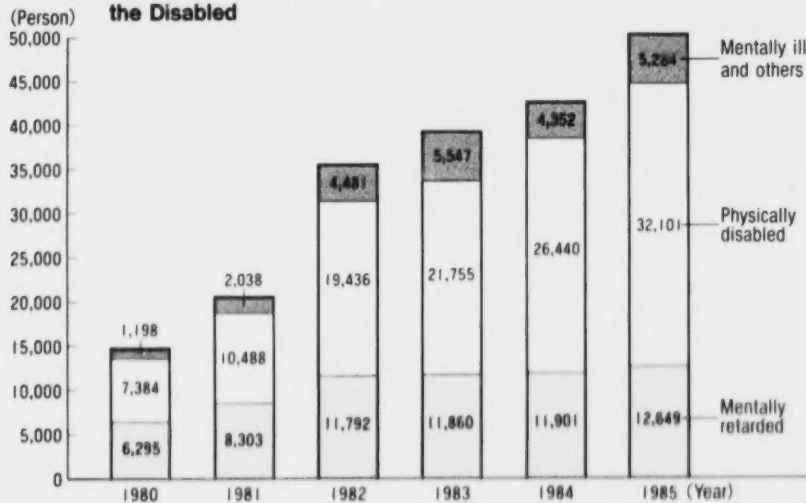
office works together with the nearest local vocational center for disabled people in effecting this.

As part of their task to promote the employment of disabled people, such offices also advise employers about potential workers from among disabled people, and develop job openings for disabled people as much as possible.

Various types of professional personnel are in each office: Employment Promotion Guidance Officers are involved in job applications, vocational guidance and placement for disabled job-seekers. Vocational Guidance Officers work alongside employers to promote job opportunities for disabled people.

Vocational Consultants within major public employment security offices provide disabled workers with necessary advice and guidance to assist them in maintaining their

Figure 6-16 Number of Cases served at Local Employment Rehabilitation Center for the Disabled



Source: "Statistics on Employment Security Services", Ministry of Labor

work. They also offer employers specialized advice and guidance on technical matters regarding management of employees, employment and placement of disabled employees, improving facilities, equipment, work environment, etc.

The public employment security office also functions as a screening agency offering guidance, instruction or referral services for on-the-job training, etc. for disabled people asking for vocational training.

② Services of Local Employment Rehabilitation Center for the Disabled

There are 47 such centers throughout Japan. Each center has qualified professional counselors who have specialized knowledge of psychology, etc. and who conduct vocational evaluation sessions and counseling for disabled people.

They work in close cooperation with public

employment security offices, particularly placement and follow-up services for moderately/severely disabled people in the following ways:

- Vocational evaluation, guidance and counseling.
- Work preparation.
- Vocational Seminars/Training Courses.
- Advice to employers reemployment of disabled workers, etc.

Such Vocational Counselors have to pass an examination and training courses designated by the Ministry of Labor, or recognized by it.

These centers are established and administered by the Japanese Association for Employment of the Disabled (referred to later) and fulfil the Law for Employment Promotion etc., of the Disabled which requires such workers have the right to vocational support

Table 6-6 List of Vocational Training Centers for the Disabled

(National)
Hokkaido Vocational Training Center for the Disabled
Miyagi V.T.C.D.
Tokyo V.T.C.D.
Kanagawa V.T.C.D.
Ishikawa V.T.C.D.
Aichi V.T.C.D.
Osaka V.T.C.D.
Hyogo V.T.C.D.
Hiroshima V.T.C.D.
Fukuoka V.T.C.D.
Kagoshima V.T.C.D.
Chuo V.T.C.D. (National Vocational Rehabilitation Center for the Disabled)
Kibikogen V.T.C.D. (National Kibikogen Vocational Rehabilitation Center)

(Prefectural)
Aomori Vocational Training Center for the Disabled
Chiba V.T.C.D.
Shizuoka V.T.C.D.
Haruhidai Vocational Training Center established by Aichi prefecture
Kyoto-Joyo V.T.C.D.
Hyogo V.T.C.D.

and self-support. Close support is given by the aforesaid public employment security offices to fulfil the above aims of employment promotion and security of disabled people.

(4) Vocational Training and Vocational Ability Development Services

There are several types of vocational training programs in Japan. These include those operated by national or local government, such as the vocational training centers for disabled people; training programs carried out by public vocational training centers that include able-bodied workers, and those organized by private organizations. Others include vocational education within the school education system and pre-vocational training programs run by the Ministry of Health and Welfare.

① Public Vocational Training Programs

Table 6-7 List of Vocational Ability Development Facilities

Vocational Ability Development Center for the Orthopedically Disabled
Japan Lighthouse Vocational and Daily Living Training Center
* Agape Workshops for the Disabled
Kibi NC Ability Development Center
* Nanko-Airin-Kai
Azuma-Kosei-Kai Driving Ability Development Center for the Physically Disabled
* Ashitaka Fukushi-kai Toogasa Workshop
Japan Vocational Skill Development Center for the Blind
Osaka Welfare and Culture Association Vocational Skill Training Center for the Disabled
Nagasaki Ability Development Center
Hanshin Yuai Food Company Ability Development Center
Kanagawa Ability Development Center

Note: * established with cooperation of a private workshop and private enterprise
established by a third sector (ie part-Government part private enterprise.)

Vocational Training Centers for the Disabled: there are a total of 19 of these throughout Japan, established to provide disabled people with suitable and specialized vocational training according to their specific needs.

Eleven are established by national government and administered by prefectural governments. Six are established and administered by prefectural governments, and two are established by national government and administered by the Japanese Association for Employment of the Disabled. These are all designed primarily for physically disabled people, however, one has been designed specifically for mentally retarded people and three others have courses specially for mentally retarded people.

Training is usually one year, although it



Scene of Vocational Evaluation at an Employment Rehabilitation Center for the Disabled (Vocational Aptitude Test)

Scene of Vocational Evaluation at an Employment Rehabilitation Center for the Disabled (Work Sample)



may be either 6 months or 2 years in a few individual cases and situations, depending upon the courses.

Both centers overseen by the Japanese Association for Employment of the Disabled are set up within the National Vocational Rehabilitation Centers, as previously described.

The National Vocational Rehabilitation Center at Tokorozawa City works in close cooperation with the National Rehabilitation Center for the Disabled (which is on the same campus) and the National Kibikogen Vocational Training Center in Okayama Prefecture with the adjacent Medical Rehabilitation Center.

A vocational training allowance is provided during the training period for those trainees undergoing training via the auspices

of a public employment security office. The amount varies from area to area depending upon regional variation, training involved, etc.

Integrating nondisabled and disabled workers in Vocational Training Schemes is encouraged at the training facilities established by the Employment Promotion Project Corporation or by prefectural governments. These regular public vocational training centers aim to integrate disabled workers into their courses when the disability allows.

Work Preparation Training Programs for Mentally Retarded People, etc. are possible at one workshop established inside a local employment rehabilitation center. Both mentally retarded and mentally ill people are assisted in building up various work skills and procedures. Starting in 1987 this scheme



Vocational training at Keiseisha: two views from the early days.



will be introduced to all employment rehabilitation centers at local level over a 7-year period.

② Vocational Ability Development Programs run by Private Organizations

On-the-job Adjustment Training is a training program run by private enterprises entrusted by the prefectural governments. The disabled trainee is generally given 6 months training, (up to 1 year for severely disabled people), and a training allowance is provided to the trainee, and a training allowance to the employer.

In the training period the trainee is taught various work skills and becomes adjusted to a work environment. After the training period the trainee is employed by the same company.

The Ministry of Labor provides grants from the Levy System to allow privately-run

vocational centers to adapt and construct training facilities and programs.

These have to meet government standards. As of 1987, a number of differing programs will be carried out in the 12 centers and workshops indicated throughout Japan. These include ability development centers.

③ Pre-Vocational Training Programs of the Health and Welfare Administration differ slightly from those already mentioned in that they concentrate not so much on vocational training itself, but on pre-vocational training matters such as activities of daily living, adjustment training for social and work-life, car-driving for commuting to work, etc. In this way they have a direct or indirect effect upon the vocational training programs mentioned above, that differs in emphasis to those offered by the Ministry of Labor.

(5) Compensation for Workers Disabled as a Result of Industrial Accident

Industrial accidents are the largest percentage (9%) of disabilities caused by accidents. Although the Occupational Health and Safety Law gives stringent control concerning working conditions etc., yet about 2,300 people die and 360,000 are injured each year. However, this figure has gradually decreased as controls have been tightened or added.

Workmens' Compensation is available for all workers injured at work, via the measures outlined in the Workmens' Accident Compensation Insurance Law.

If they are incapacitated by their accident they are eligible for a lump-sum payment depending upon level of injury, or an annuity, as well as payments of hospital and treatment charges and compensation for lost wages.

Workmens' Compensation Hospitals are established throughout Japan. The 36 hospitals provide medical care for those workers injured at work.

The Comprehensive Spinal Cord Injury Center is for people with spinal injuries caused at work. It is based at Iizuka City, Fukuoka Prefecture. Adjacent to this is the Vocational Center for People with Spinal Cord Injury, and both centers work in cooperation to provide earliest possible rehabilitation via medical treatment and vocational training/re-training.

The Medical Rehabilitation Center at Kibikogen, Okayama Prefecture, provides advanced medical treatment and rehabilitation to

those severely injured in industrial accidents. It also works with an adjacent, vocational rehabilitation center to provide all-round speedy recovery.

Workmen's Insurance Rehabilitation Workshops are established to help workers with severe spinal-cord or lower limb injuries or disabilities. All of the 8 workshops have residential facilities and are able to assist disabled people to achieve re-integration into society via their work-experience programs.

(6) Follow-Up Services after Placement

In order to provide a full rehabilitation process, follow-up services after placement provide on-going adjustment once employment has been found.

This is provided by either measures taken within each workplace and also by counseling and guidance from public agencies.

Vocational Life Consultants for Disabled Employees may be appointed by any company with 5 or more disabled workers. Training is provided to individuals of the company wishing to fulfil this role. They have to pass various training courses overseen by the Ministry of Labor.

Once qualified, a consultant is able to give specialized advice and guidance to disabled employees regarding their vocational needs and adjustment to work situations. This enables maximum adjustment and also work efficiency.

For those companies with over 300 employees which also include disabled workers, an Adjustment Promotion Team (consisting of an employer, a vocational life consultant, a

Table 6-8 The Workmen's Insurance Rehabilitation Workshop

Name of Facilities	Capacity	Program content
Hokkaido	50	woodcraft sewing stuffed dolls
Miyagi	50	Wiring electronic parts and quality control, bookbinding
Chiba	50	Assembling radios for radio control model planes, Assembling parts for video-camera pickup tube, welding, color TV parts.
Nagano	50	Assembling parts of micro-motors, and camera parts
Fukui	50	Car-radio assembling
Aichi	50 (30)	Assembling chimes and warning buzzers
Hiroshima	50	Production of stereo and radio parts, assembling precision gauges.
Fukuoka	50	Assembling electric parts, bookbinding
Total	400(30)	

Note: 1. Disabled persons in these workshops are required to live in a residential facility adjacent to the workshop, but it is possible to commute by agreement with the director.

2. The workshop in Aichi has a driving school adjacent, which can take (some) people.

Source: Labour Welfare Corporation

manager, supervisor and disabled person's representative) is recommended to set up. This team ensures the disabled workers are fully assisted in adjusting to their work-environment and retaining their employment without problems. Close liaison with a public employment security office and the Japanese Association of Employment of the Disabled is recommended.

Vocational Consultants from Public Agencies are available to offer specialized advice and periodic visits to enterprises. They are based in major public employment security offices; they can offer skilled knowledge to both physically disabled and mentally retard-

ed people, as well as consultation to employers.

At various agencies and facilities under the Health and Welfare administration and at special schools and classes under education administration they also provide similar follow-up services.

(7) The Employment Promotion System for Disabled People

It may be said that the Quota System and Levy and Grant Systems play the central role in promoting employment for disabled people in Japan. The Quota System was introduced here in 1960 as part of the Physically Handicapped Persons' Employment Promotion Law, but at that time there was little effect as it was only a moral obligation, not enforced by law. In 1976 the Law was revised to make this a legal requirement, and at that time the Levy and Grant System was also introduced.

① Outline of the Quota System

The ratio of disabled workers required by the Law for Employment Promotion etc., of the Disabled is shown on Table 6-9.

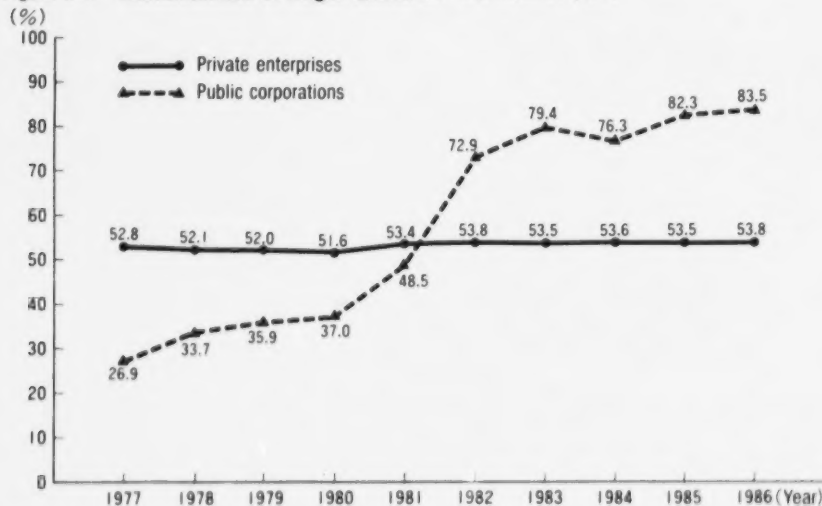
People covered by this law include all physically disabled people. Since revision of the law in 1987, people with mental retardation are also included in this provision.

Exclusions exist for certain industries in which it is difficult to employ disabled workers. The exclusion rate is set at a pre-determined number, but the industries may be expected to establish subsidiary companies that can employ disabled workers in some respect.

Table 6-9 Legal Quota

Governmental bodies	Clerical	2.0%
	Non-clerical	1.9%
Employers in general	Private enterprises	1.6%
	Public corporations	1.9%

Figure 6-17 Achievement of Legal Quota (as of June, each year)



Source: Employment Security Bureau, Ministry of Labor

Special considerations regarding employment of severely disabled people have been established. In order to promote employment for such people, severely disabled people are considered "double-value" with regard to the quota - ie. they count as two workers for quota purposes, thus making them more attractive to employers. Additionally, specific hospitals are required to fulfil a special quota of 70% of staff employed as masseurs being people with severe visual impairment.

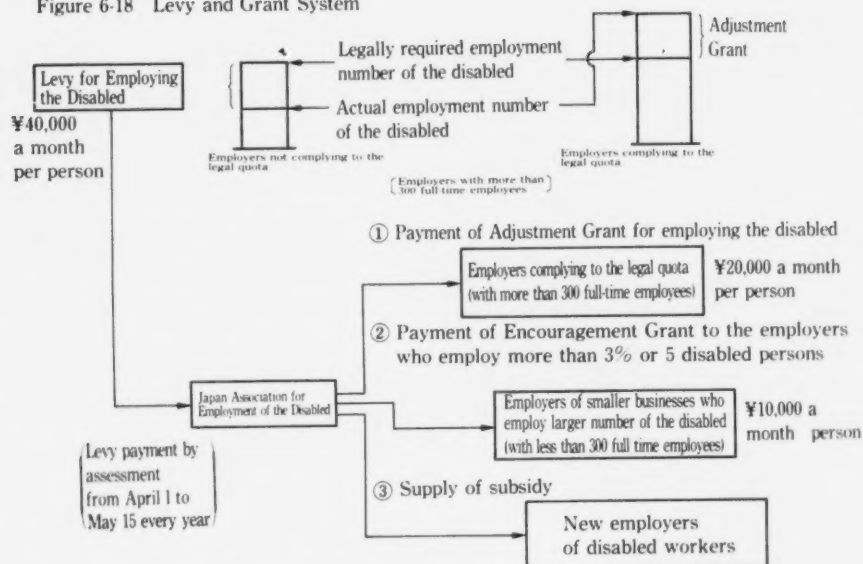
Employers obligations are to report to their public employment security office annually, the number of disabled workers they employ. The head of the employment office

may thus keep records, and inform employers that are failing to employ sufficient disabled workers. He may request that the company draw up plans for such employment, and urge them to follow it. In such cases where employers are apparently not willing to fulfil the law, the case may be made public, in order that adverse publicity will create changes.

② The Levy and Grant System

Employing disabled workers may require employers to adapt or build either existing or new work facilities, equipment etc, and/or provide workers with extra supervision or training. This creates greater financial burdens for those employers seeking to obey the

Figure 6-18 Levy and Grant System



law, as against those that don't.

The Levy and Grant System exists to balance such financial differentials and thus promote disabled peoples' employment.

The system works by collecting a "fine" or levy from those employers that fail to meet the quota of disabled workers within their enterprises.

The money raised is then re-distributed amongst the employers of disabled people in the form of Adjustment Grants, Encouragement Grants, etc. This system also covers both mentally and physically disabled workers, and is outlined above.

③ The Japan Association for Employment of the Disabled

The above organization was established as a "Watchdog" group concerning the effective establishment of the Law for Employment

Promotion etc. of the Disabled. The association is entrusted with the following concerns regarding this law:

- Administration of the Levy and Grant System.
- Establishment and administration of Vocational Centers for the Disabled, both centrally and regionally.
- Administration of Vocational Training Centers for the Disabled.
- Oversight of the standards of the qualifications required to be a Vocational Life Consultant.

Other services include those related to guidance, seminars and training courses for employers, research and study grants for retaining disabled workers and a vocational skill contest for physically disabled workers, etc.



Disabled people working at "Denso Taiyo".

④ Other Grants for Employers of Disabled Workers

Besides the above, other grants include : Grants for Employers to Subsidize the Wages of Disabled People is a wage subsidy program in which employers are subsidized half of their disabled workers' wages, including physically disabled and mentally retarded workers, for one year from the start of employment, (two-thirds for those employers with smaller enterprises).

Employers of severely disabled workers are subsidized two-thirds of an employee's wages for up to eighteen months, (three-quarters for smaller enterprises). This includes mentally retarded people also.

Grant for Retaining Employment of the Newly-Disabled Employee is given to employers who continue to employ the worker

following his disablement after being employed, and who continues to employ them for over a set period.

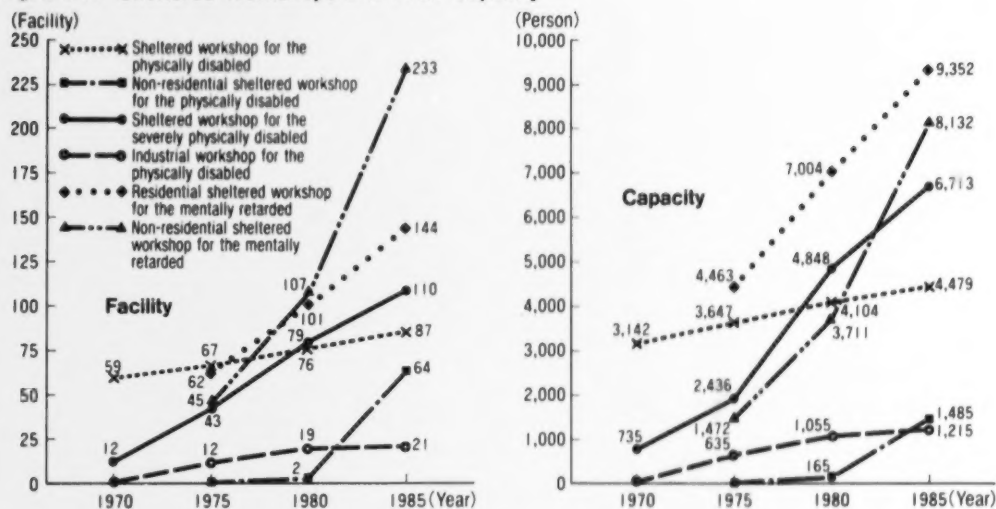
This is designed to assist employees with necessary expenses to improve work facilities, equipment and also provide vocational adjustment for the disabled employee.

Other programs include a loan system giving favorable terms for establishing business facilities or purchasing land, and various tax benefits.

(8) Measures for Severely Disabled People

Measures for the above people who are unable to gain employment include vocational rehabilitation services provided by social welfare institutions such as industrial workshops and sheltered workshops. These

Figure 6-19 Sheltered Workshops and Their Capacity



Source: "Survey on Social Welfare Facilities", Statistics and Information Dept., Ministry of Health and Welfare.

are established and run according to guidelines in the Law for the Welfare of Physically Disabled Persons and the Law for the Welfare of Mentally Retarded Persons.

Industrial Workshops for Physically Disabled People provide jobs in a suitable environment for those who find it impossible because of problems in commuting, and limited accessibility at work-places to join the regular work-force. However, they are still capable of good, productive work. The program started in 1971, and the number of workshops increased for ten years and then remained stationary; there were 21 workshops employing 1,060 people as of 1984.

Industrial Workshops for Mentally Retarded People were first established in 1985 to provide employment opportunities for mentally retarded people who have vocational

abilities, but who may have difficulty in gaining employment because of problems making personal relationships and health care. They are provided guidance in achieving self-support in an environment suitable to their abilities, and equipped with all needed to develop their personal abilities and needs of daily living, health care, etc.

Sheltered Workshops for Physically Disabled People: as of 1984 there were 86 residential workshops serving 3,949 people, and 58 non-residential ones serving 1,161 people. In these, necessary training is given to allow users to hold a job in the establishment and thus achieve self-support. Lately, non-residential workshops have been increasing in number over residential workshops.

Sheltered Workshops for Severely Physically Disabled People were established to



Character magnification device for weak-eyes developed by the National Vocational Rehabilitation Center for the Disabled.

assist people with severe disabilities who cannot get work and need assistance in achieving independence - the growing number of this type of facility reflects the increase in numbers of severely disabled people in recent days. There are already 107 of these workshops, serving 6,328 people, a greater number than the previously mentioned workshops for physically disabled people.

Sheltered Workshops for Mentally Retarded People were established to provide necessary training for those mentally retarded people who cannot get regular employment. The aim is to assist them to achieve independence in work and socially. There are now 133 residential sheltered workshops accommodating a total of 8,720 people, and 205 non-residential workshops with 7060 people. Non

-residential workshops are increasing over residential as in the situation cited above.

Although not based according to any existing laws, Unauthorized Small Sheltered Workshops are established and run by parents and teachers of disabled children or groups of disabled people. They serve disabled people who cannot be accepted into existing authorized workshops because of their severe disabilities, or because there is no facility in their community. Programs vary according to the purpose of the establishment, numbers and types of disabled people using them.

Most workshops provide users with training for activities of daily living, through work activities, as many are not able to achieve vocational independence. Although receiving only limited financial assistance the number



Modern production technology changed the working process at many facilities. Every factory workers, including disabled people, have to adjust to this change.
Above: Computer department
Right: Machinery engineering



Table 6-10 The Effect of Introducing High Technology

Percentage on the basis of establishments where works have been changed (M.A. %)

Total	Less dangerous and harmful work	Less heavy labor	More machine	More machine supervision	Simpler, repetitive	Less simple repetitive work	Other
(65.9)100.0	30.5	36.8	43.0	51.9	18.2	35.5	4.3

Note: The number in brackets () shows the percentage of workplaces whose procedures have changed specifically upon the introduction of high-tech machinery amongst all workplaces using high-tec machinery

Source: "Survey on Technological Innovation and Labor" (Administered in November 1982) Ministry of Labor

of such workshops is rapidly increasing in order to cope with the needs of the community. There are an estimated 1,600 as of 1987.

In addition to the above mentioned facilities, the Social Welfare Services Law and the Daily Life Security Law also offer services to physically and mentally retarded people - including mentally ill people - in various sheltered workshops and relief institutions.

3. Future Prospects

(1) Technological Advancement and the Employment of Disabled People

Technological advances centered around micro-electronics have meant the increase in such as industrial robots and specialized office machinery in both clerical and non-clerical areas of employment. Today this has begun to influence the employment situation in many ways.

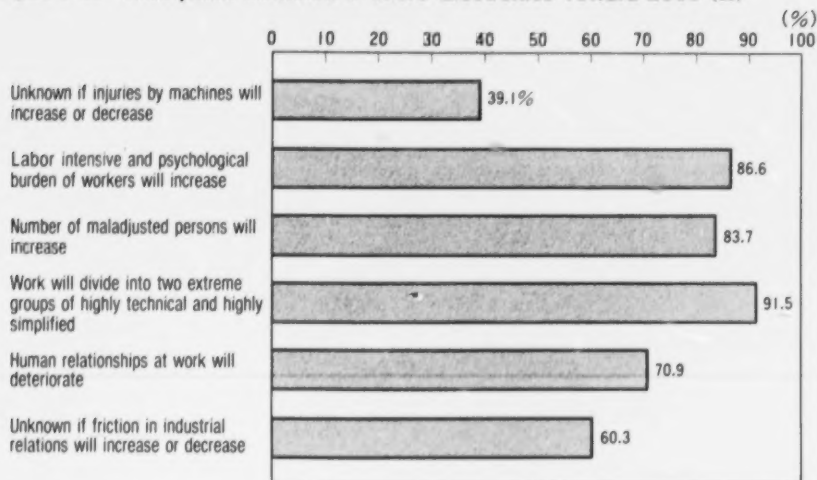
So far there have been no cases of unemployment resulting from the introduction of micro-electronics; general trends have been seen, however, such as a decrease of numbers employed, holding back of new employment, reshuffles at work, etc.

Compared to others, disabled people have less access and availability to such specialized machinery, thus experience greater difficulty in learning how to use it and greater trouble in adjusting to changes in work environment when such technology is introduced. Thus, disabled people can seem more susceptible to the negative effects of technological advancement.

On the other hand, automation by micro-electronics has brought about some positive advances for disabled people. One is a general decrease in the number of heavy-labor type of jobs and the dangers they created, along with an increase in less harmful work such as monitoring of electronic machinery. Advanced technology has also developed various machines and specialized devices for disabled people in their workplace, enabling them to take up work in areas of employment previously impossible for them.

Regarding employment promotion for disabled people in the future, it will be necessary for the negative effects to be actively researched as to how they may be reduced, and the positive effects promoted. Conceivable measures in the future could be to further develop the vocational rehabilitation programs, in-

Figure 6-20 Anticipated Influence of Micro-Electronics Toward 2000 (II)



Note: From the second of the two inquiries.

Source: "Labor in 2000" Policy Research Dept., Minister's Secretariat, Ministry of Labor

cluding ability development and adjustment training to cope with the change of emphasis. Also it is necessary to research further into positive uses of such machinery for disabled people. In 1985 the Ministry of Labor established the Committee for Research and Development of Micro-Electronics, in order to study such concerns.

(2) Measures for Severely Disabled People

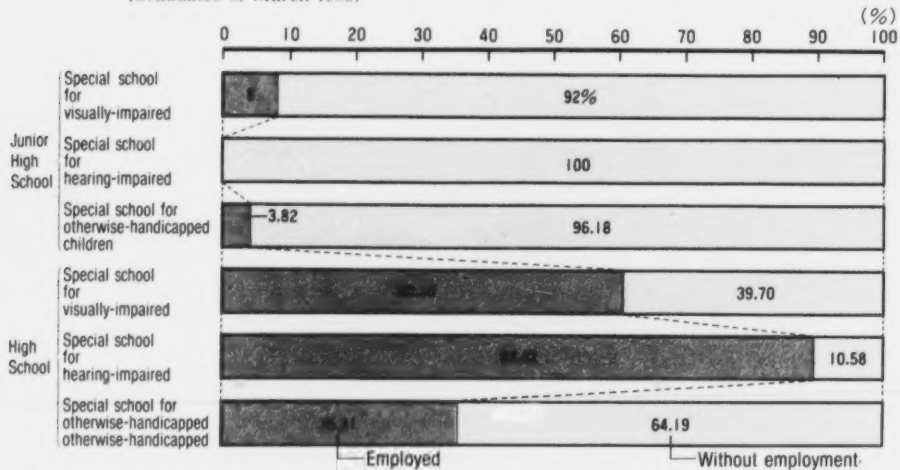
The employment situation of graduates from various schools of special education shows that the percentage of employable disabled people is decreasing, and that of more severely disabled people unable to gain employment is increasing annually. Additionally, disabled people applying to a public employment security office for employment are generally increasing in both age and the severity of their disability. This shows the need to strengthen services for this group of

people most urgently.

In response to this situation, the Ministry of Labor has been working out countermeasures: "The Long-Term Plan regarding Measures for the Disabled", as from March 1982.

Two major programs are as follows: "Development of Third-Sector (Tertiary) Enterprises for the Employment of Severely Disabled People", this is a joint venture established by local public bodies and private enterprises. Also, "The Special Ability Development Training Project for the Severely Disabled by the Cooperation of Workshops and a Private Enterprises," which aims at providing ability development training to severely disabled people in workshops. Since 1983, 11 prefectural governments have been designated to establish the Third-Sector Enterprises, with four being developed to date.

Figure 6-21 Employment of the Graduates from Various Schools of Special Education
(Graduates of March 1985)



Note: Percentage based on all graduates (excluding those who went to school of higher education or vocational training or who died).

Source: "General Study on School", Ministry of Education

As the Government intends to develop these in every prefecture, these will increase greatly in the future.

The latter project was established in 1982 and has been implemented in three places. Almost 80% of disabled people attending these training courses have since found employment, and similar projects are expected to start in the near future. Also, within several years, the work preparation programs provided by local vocational centers for disabled people will be expanded from 6 to all centers throughout Japan.

Part-time employment and home-based employment of disabled people (including severely disabled) are also expected to increase. However, in spite of all these measures, it is anticipated that the number of unemployed people with severe disabilities will continue to increase. At the moment,

providing sheltered workshops for them is seen as vital, as well as an expected increase in the number of small sheltered workshops; in particular those based in the community and offering training for daily needs and vocational training.

(3) Strengthening Research and Training of Professional Personnel

The problems regarding employment of disabled people have been discussed here, and it is seen that there must be an increase in the services available, and this must be based upon the increasing knowledge we have of technology. Of necessity, the first priority is to strengthen research and development programs regarding vocational rehabilitation of disabled people and also increase the standard of training of professionals involved in this work.

The Ministry of Labor has a plan in hand

to establish a comprehensive vocational center for disabled people, which should be opened in 1991.

This includes a wide range of research and development programs considering the vocational aptitude of disabled people, vocational counseling, vocational guidance and adjustment and development of certain vocational evaluation techniques, adapted machinery

and equipment for disabled people in vocational rehabilitation, and also job re-designing to expand the range of work available to disabled people, etc. The plan also covers advanced education and training of professional personnel such as vocational counselors for disabled people who are engaged in vocational rehabilitation services.

Chapter 7

Social Rehabilitation

I. Outline of Social Security and Social Welfare Systems in Japan

The backbone of the social security system in Japan is based on the "Social Security System Recommendation" as submitted in 1950 by the Social Security Systems Commission. It is stated in this recommendation that "the objectives of the social security system will be to counter illnesses, injuries, child-birth, disablement, death, old age, unemployment, excessive dependence and other causes of poverty and hardship by planning for economic security through insurance and direct bearing of costs by the state; and, for those whose livelihood has fallen into a state of extreme hardship, guarantee the minimum level of livelihood through state subsidies and assistance, and aim for upgrading of public sanitation and social welfare thereby guaranteeing that all persons may be capable of living their lives befitting members of a civilized society".

In this recommendation, "social welfare" is mentioned as consisting of "efforts to extend necessary guidance in daily living, rehabilitation and other forms of assistance to persons to whom state assistance is applicable, to

disabled persons, infants and others requiring assistance and support so that they may become self-supporting and capable of applying their talents and capabilities."

Based on this recommendation, the social security system in Japan consists of social insurance, relief funding, social welfare and public health/medical care and involves an extensive coverage of child allowances, environmental policies, pensions and care of war victims by relief and assistance.

Thus, the system designed for the entire population to cover poverty and hardship resulting from various causes, and give relief in extensive ways by diversified methods can be said to be on a level with the most advanced among the leading nations of the world. But the levels of relief extended are not yet sufficient and the systems are varied and complex with wide degrees of differences existing between them. There is much room for correction and improvement.

Figure 7-1 Main Areas and Coverage by the Social Security System and Legal Basis

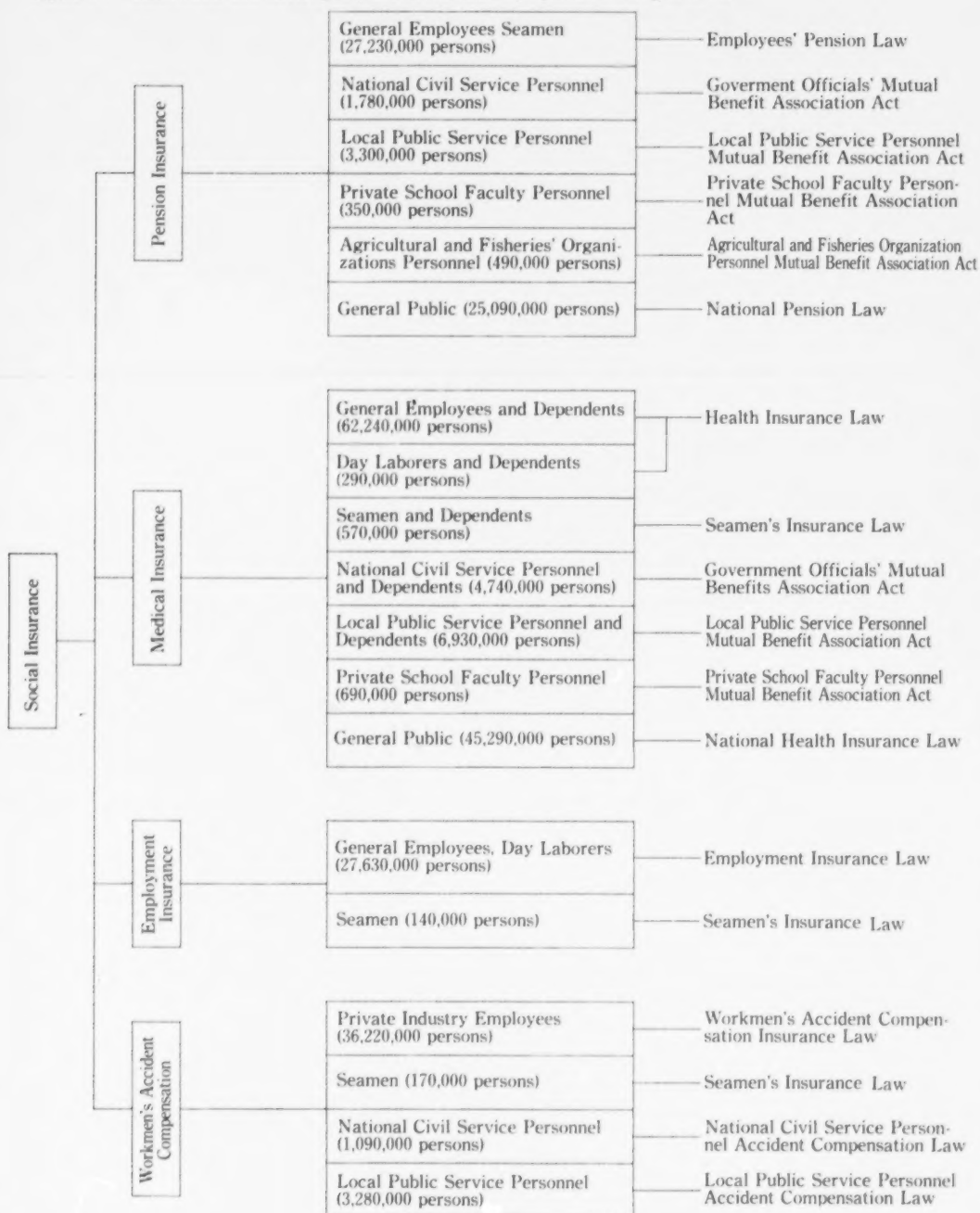
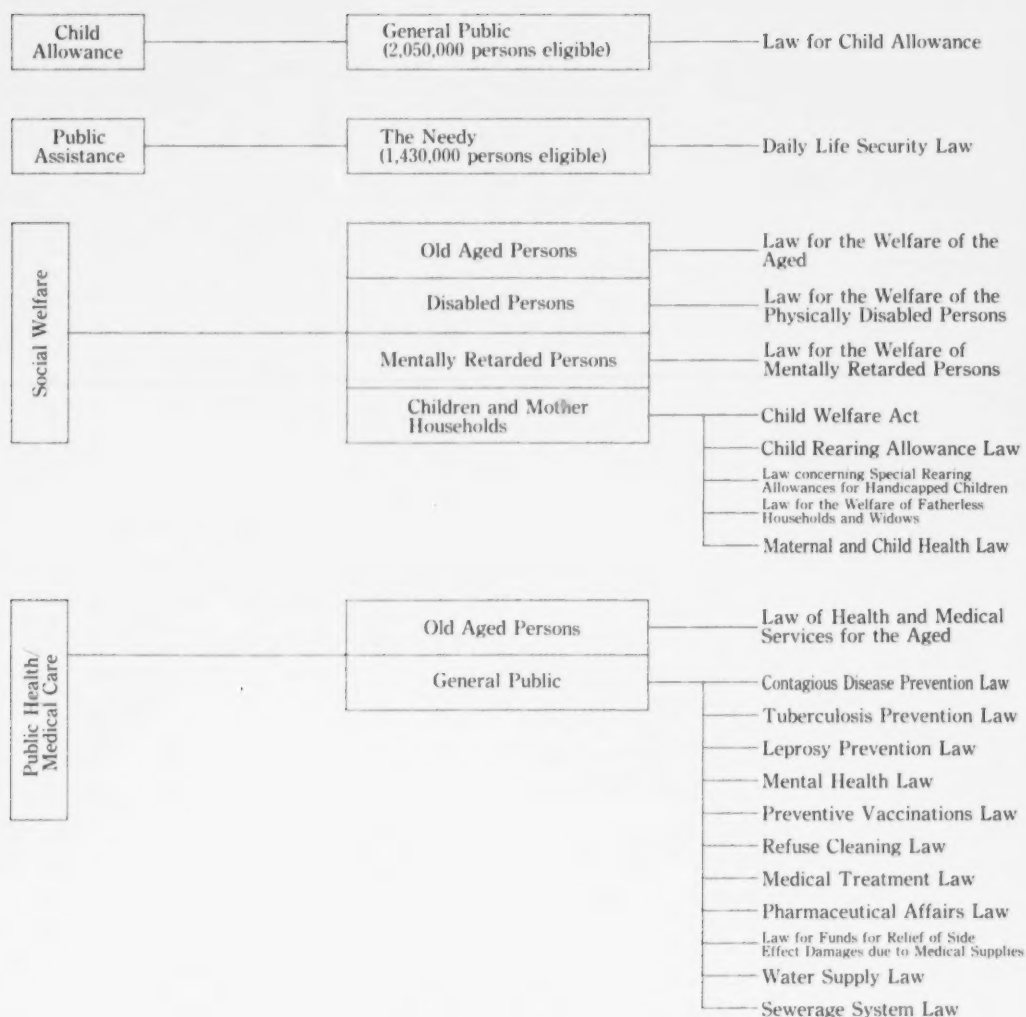


Figure 7-1 (Continued)



1. Social Security Systems other than Social Welfare

(1) Pension Insurance

This is an insurance system issuing pensions to cover old age and disablement. With the enactment of the National Pension Law

in 1959, the entire population of Japan became eligible for coverage. With extensive revisions in pension-related legislature in 1985, the pension sector of the Seamen's Insurance became integrated with the general employees' pension. Thus all employees registered with the general employees pension and

mutual aid associations and their spouses were incorporated into a basic pension system corresponding to the National Pension System, thereby achieving a unification of the basic sector for all persons.

There are 3 types of basic pensions. These are Old Age Basic Pension (to be issued from age 65, when insurance premiums have been paid over a period of 40 years, a monthly payment amounting to ¥52,208 beginning 1987); the Basic Disability Pension (depending on degree of disablement, 1st Grade ¥65,258 monthly, 2nd Grade ¥52,208 monthly, (with additional allowances for children), and the Bereaved Family Basic Pension (for children of the insuree of 18 years of age or younger and the child's mother with the same means of living, monthly payments of ¥52,208). For employees, there are pensions (with amounts varying on the degree of compensation and term of insurance coverage) to be paid in addition to basic pension amounts.

(2) Medical Insurance

This is a system whereby the premiums paid by applicants and employers (business operators) are supplemented by costs borne by the central and local governments to constitute the funds from which expenses of treatment and therapy are paid out. There are several types of medical insurance, but basically, they are the Employees' Medical Insurance (Health Insurance and Mutual Aid Associations) and the National Health Insurance for the general public engaged in agriculture and other self-employed persons.

Medical insurance for employees is secured from premiums paid in by the insuree and employer, plus costs borne by the central and local government offices.

With the National Health Insurance system, the state furnishes about 50 % of the funding requirements, and the applicants pay in an average of about ¥10,000 per household per month in premiums (taxes). Both the head of the household and family members receive 70 % of medical expenses. From 1984, the Retirees Medical Treatment was established as part of the National Health Insurance system. This revised system enables employees who had subscribed to medical insurance, and had joined the National Health Insurance program upon retirement, to be eligible to receive 80 %, and family members 70 % of expenses and 80 % of hospitalization expenses. The funds for this system are derived from premiums paid in by the applicant and funds made available from various employees' medical insurances.

These medical insurance programs include coverage for high cost medical treatment so that when the insured's expenses exceed ¥54,000 a month the amount exceeded is paid by the insurance program.

Also from 1983, the Health Care Law for the Elderly was enacted. For persons of 70 years of age or over (in the case of disabled persons 65 years or over) receiving medical treatment, the patient bears ¥300 per day of hospitalization costs and ¥800 per month of outpatient treatment. The balance is borne by state and local government offices plus

funds made available from all types of medical insurance programs.

(3) Unemployment Insurance

The unemployment insurance assures payments to workers becoming unemployed, a maximum per diem basic allowance of ¥7,330 and minimum ¥2,570 depending on the wages received at the time prior to unemployment. This program also includes (technical) skill training allowance, layoff allowances for elderly persons, and re-employment allowance. Basic allowances are paid for a minimum of 90 days, maximum 300 days up to date of re-employment. The terms of payment depend on the length of period of the insuree subscription, and are structured to be over longer periods for the middle to higher age groups and for physically or mentally disabled persons for whom re-employment would appear to be difficult. Besides payments of cash allowances, this also includes programs for the promotion of opportunities for re-employment. In 1985, about 1.4 million persons received such allowances.

(4) Workmens' (Accident) Compensation Insurance

There are 4 different types of industrial accident compensation. All of these feature payments to compensate for injuries, diseases, impairment or death occurring either at, or commuting to, work. Also programs for promotion of rehabilitation are being undertaken. Types of payments include medical treatment payments, layoff allowances, injury and illness pensions, disability pensions, disability lump-sum payments, pen-

sions to bereaved family members, and funeral-service allowances. The disability pension for the most serious degree of disability (1st Grade) amounts to about 86 % of wages.

(5) Child Allowances

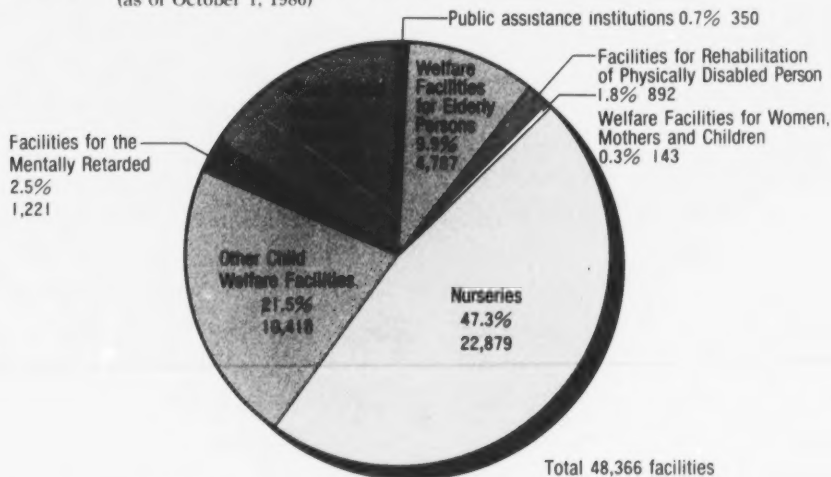
Child allowances are designed to relieve the burden of raising a child, to ensure children sound in body and soul to bear the responsibilities of future societies. Payments are made to households that are bringing up 2 or more children under 18 years of age. The sum for the second child prior to entering primary school is ¥2,500 per month and for every child from the third child on, ¥5,000 per month is added. There is a limit to the benefit available. As of February, 1986, some 2.05 million households were receiving these allowances.

(6) Public Health and Medical Care

The top three causes of death in Japan are cancer, heart disease and strokes, in that order. Efforts are being made to develop public awareness, health education, promotion of diagnostic measures, expansion of medical institutions, training of specialists and research efforts as measures directed at prevention of geriatric diseases. Especially via the Health Care Law for the Elderly, measures are being implemented for promotion of health for the middle-aged, preventive and testing measures, issuing of health handbooks, vocational training, door-to-door guidance and nursing.

Tuberculosis, ranked as the top cause of death up to 1950, now ranks 17th. But there continue to be some 300,000 registered

Figure 7-2 Distribution of Various Types of Social Welfare Facilities
(as of October 1, 1986)



patients and the need for measures including diagnosis, preventive vaccination and therapy is regarded as essential.

Research and specialised medical care is being undertaken to try and find causes and cures for a variety of chronic illnesses which cause substantial burdens mentally and economically. This includes development of nursing procedures, relieving of treatment expense burdens, securing qualified personnel for medical institutions and other such measures. As of the end of fiscal year 1985, there were about 120,000 patients receiving subsidies for medical treatment.

The number of medical institutions in Japan (as of October 1, 1985) consisted of 9,608 hospitals, 78,927 clinics, and 45,540 dental clinics. There was a total of 1,080,419 general hospital beds, 334,589 mental hospital beds, 55,230 tuberculosis patient beds, totaling 1,495,328. General hospital and mental hospital beds are increasing but tuberculosis

beds are decreasing. Statistics regarding medical personnel revealed a total of 181,101 physicians, 63,145 dentists and 625,773 nurses including assistant nurses.

2. Public Assistance and Social Welfare System

Immediately following the end of World War II, there were numerous cases of war victims, divided families, war orphans, infants suffering from malnutrition, and unemployed war veterans.

To cope with this situation, the Daily Life Security Law, the Child Welfare Law and the Law for the Welfare of Physically Disabled Persons were all enacted by the year 1950 and a system consisting of three laws referred to as the 3 welfare legislations was established. The Daily Life Security Law was legislation designed to provide economic security, but due to its emphasis on individual service, it is generally included in the welfare system. In

Table 7-1 Social Welfare Facilities, Capacity, Current Accommodation, and Personnel

Types of Facilities	Total			
	Number of Facilities	Capacity	Current Accommodation	Personnel
Total	48,366	2,577,788	2,278,429	558,665
Public Assistance Institutions	350	22,300	21,688	6,118
Relief and Aid Institutions	169	15,238	15,951	5,239
Rehabilitation Facilities	18	1,741	1,673	353
Nursing Homes	69	19,752	15,253	16,986
Sheltered Workshops	75	3,330	3,043	464
Shelter Providing Institutions	19	1,991	1,021	62
Elderly Persons Welfare Facilities	4,787	212,885	208,471	92,666
Homes for Care of the Elderly (general)	902	66,359	63,650	17,682
Homes for Care of the Elderly (Blind)	42	2,489	2,486	1,004
Special Home for Care of the Elderly	1,731	127,233	126,332	61,110
Low Cost Homes for the Elderly (Type A)	248	14,994	14,420	3,662
Low Cost Homes for the Elderly (Type B)	38	1,810	1,583	235
Welfare Centers for the Elderly	1,826	—	—	8,973
Facilities for Care and Rehabilitation of the Physically Disabled	892	34,874	31,093	19,862
Facilities for Rehabilitation of Persons with Orthopedic Disabilities	45	2,165	1,339	989
Facilities for Rehabilitation of Persons with Visual Disabilities	16	1,674	1,308	503
Facilities for Rehabilitation of Persons with Auditory and Speech Disabilities	3	175	162	95
Facilities for Rehabilitation of Persons with Internal Disorders	14	717	542	249
Nursing Homes for Physically Disabled Persons	178	11,100	11,056	8,035
Facilities for Care and Rehabilitation of Severely Physically Disabled Persons	56	3,831	3,317	1,849
Sheltered Workshops for Physically Disabled Persons	88	4,604	4,091	1,622
Sheltered Workshops for Severely Physically Disabled Persons	110	6,896	6,625	2,619
Non-residential Sheltered Workshops for Physically Disabled Persons	74	1,767	1,512	585
Industrial Workshop for Physically Disabled Persons	23	1,365	1,143	369
Welfare Centers for the Physically Disabled (Type A)	29	—	—	392
Welfare Centers for the Physically Disabled (Type B)	129	—	—	1,454
Rehabilitation Centers for the Physically Disabled	34	580	—	165
Facilities for Production of Technical Aids	34	—	—	239
Braille Libraries	73	—	—	557
Braille Publishing Facilities	12	—	—	140
Facilities for Care of Women	55	1,889	846	578
Child Welfare Facilities	33,297	2,148,505	1,887,925	382,058
Midwife Facilities	733	5,849	—	39,043
Institutions for Infant Care	122	4,057	2,885	3,603
Single-parent Dormitories	343	6,901	14,477	1,977
Nursery Schools	22,879	2,049,821	1,808,303	305,560
Care Facilities	538	34,877	30,211	12,070
Facilities for Mentally Retarded Children	319	21,562	18,331	11,553
Facilities of Autistic Children	8	380	318	564
Non-residential Facilities for Mentally Retarded Children	215	7,770	6,066	3,463
Facilities for Blind Children	26	1,322	598	514
Facilities for Children with Auditory Disabilities	23	1,469	412	404
Non-residential Facilities for Children with Auditory Disabilities	25	845	699	362
Facilities for Frail Children	34	2,057	1,684	801
Facilities for Children with Orthopedic Disabilities	73	9,043	6,852	7,100
Non-residential Facilities for Children with Orthopedic Disabilities	71	3,000	2,275	1,317
Facilities for Care of Children with Orthopedic Disabilities	8	425	264	232
Facilities for Children with Severe Physical and Mental Disabilities	58	6,306	5,945	7,399
Short Term Facilities for Children with Mental Disturbances	11	550	432	266
Juvenile Reformatory Schools	57	5,021	2,650	1,880
Children's Institutions	3,596	—	—	15,265
Children's Playgrounds	4,158	—	—	7,728
Facilities for the Care of Mentally Retarded Persons	1,221	72,085	70,355	33,210
Residential Facilities for Rehabilitation of Mentally Retarded Persons	712	49,634	48,906	24,526
Non-residential Facilities for Rehabilitation of Mentally Retarded Persons	88	3,090	2,854	1,101
Residential Sheltered Workshops for Mentally Retarded Persons	153	9,867	9,623	4,451
Non-residential Workshops for Mentally Retarded Persons	268	9,494	8,972	3,132
Mother and Children Welfare Facilities	88	—	—	565
Mother and Child Welfare Centers	60	—	—	280
Mother and Child Recuperation Homes	28	—	—	285
Other Social Welfare Facilities	7,676	85,250	58,051	23,608
Sheltered Workshop Facilities	150	6,202	5,471	1,352
Overnight Shelters	54	5,890	2,977	232
Homes for the Blind	29	586	—	96
Low Cost/Cost Free Medical Facilities	234	50,939	39,593	45,656
Community Center	1,218	—	—	4,439
Health and Welfare Facilities in Isolated Areas	237	—	—	395
Fee Charging Homes for the Elderly	111	10,538	7,504	1,972
Rest Houses for the Elderly	3,834	—	—	6,894
Hallway Houses for the Employed Mentally Retarded	67	—	—	1,043
Nursing Institutions in Isolated Areas	90	2,149	2,015	527
Welfare Homes for Mentally Retarded Persons	1,628	59,645	39,879	6,603
	24	240	205	55

Note: 1 The capacity, current accommodation, and personnel figures (care institutions) do not include medical care institutions.

2 The capacity and current accommodation figures for child welfare facilities do not include midwife and mother/child institutions.

3 Figures showing personnel at child welfare facilities do not include midwife facilities.

4 The capacity, current accommodation and personnel figures for other social welfare facilities do not include numbers relative to cost free/low cost medical facilities.

5 Figures of facilities for rehabilitation of mentally retarded persons include figures for state-operated colonies.

Source: "Survey of Social Welfare Facilities" (Trends in the People's Welfare, 1987), Ministry of Health and Welfare

1951, the Social Welfare Services Law was enacted to cover all social welfare services, their range and scope, administrative organizations, and also to determine the roles of the public and private sectors.

Thereafter, the need for emphasis on prevention of poverty as opposed to relief from poverty attained recognition. The need for a quick and effective response to all those in need was also recognized. This resulted in the Law for the Welfare of Mentally Retarded Persons in 1960, the Law for the Welfare of the Aged in 1963, and the Law for Maternal and Child Welfare in 1964 (later revised as the Law for Maternal, Child and Widow Welfare in 1981). Together with the previous 3 legislations, this ushered in the era of 6 welfare legislations.

Since the so-called Oil Crisis in 1973, the economy of Japan has entered an era of

decelerated growth and from 1975, cuts in treasury spending and increases in cost sharing of those utilizing social welfare services are being implemented. Many other reforms designed to expand services are being devised and put into effect. Particularly since 1985, the ratios of subsidies for all types of welfare institutions are being cut back, as in the case of the share borne by the state for entering welfare institutions (from 80 % down to 50 %).

Thus, typical of the trends in recent years are the serious efforts being directed toward revision of the various systems that were established after World War II. This is a tendency that has been necessary to cope with the increases of the elderly, and the need to provide for the disabled so they may be capable of living in a healthy and cultural environment.

II. Current State of Social Rehabilitation

The following is a description of the systems of income maintenance, housing, social welfare services and other important factors for disabled persons to live in the community.

1. Income Maintenance

(1) System of Public Assistance

The ratio of persons receiving public assistance in Japan for fiscal year 1986 was 11.1 persons for every 1,000 population. This ratio becomes substantially higher in the case of disabled persons. For example, in the case of non-institutionalized disabled persons of 18

years of age and over, this ratio was 49.4 persons for every 1,000 population (according to the National Survey of Disabled Persons, 1980).

Among the public assistance funds based on this system, there is a system of supplemental allowances for disabled persons and severely disabled persons. Nursing care allowances for persons requiring nursing care (both for nursing by family members and non-family members) are paid separately. Housing allowances are set at a monthly basic rate of ¥9,000 a month to cover rentals and room

Table 7-2 Example of Public Assistance for a Family of Two including a Severely Disabled Person

Public Assistance Sum	¥100,001
Disabled Person's Supplemental Allowance	23,030
Severely Disabled Person's Allowance	11,550
Nursing Care Allowance by Non-Family Member	38,200
Housing Allowance	9,000
Total Sum (monthly)	¥181,781

Note: Above case was for:

- 1) April, 1987
- 2) Major City (Class 1-1 Area)
- 3) 65 year old woman and 25 year man (severely disabled)

charges. But since it would be impossible to secure living quarters with this rate in major cities, other special rates are established according to districts. The table to follow is an example of public assistance in the case of a family of 2 persons including a severely disabled person, living in a major city such as Tokyo and receiving nursing care from a non-family member.

(2) Disability Pension

There were about 1.5 million persons receiving pensions relative to disability by the year end of fiscal 1984. Of this number, 46 % were recipients of Non-contributory Welfare Pension for the Disabled, 21 % of the Contributory Disability Pension for the Disabled, a total of 66 % or 2/3 of the total derived from National Pension funds. Others were 17 % from Employees' Pension (including Seamen's Insurance), 8 % from Pension for Wounded War Veterans, 6 % from Disability Pension of the Workmen's (Accident) Compensation and 2 % from Mutual Benefits Association.

From April, 1986 when revision of the

pension system was undertaken, recipients of aid from the Disability Pension of National Pension and Non-contributory Welfare Pension for the Disabled were transferred to the account of the Basic Disability Pension. It was decided that the majority of recipients of aid funds from the Employees' Pension and from the Mutual Benefits Associations would receive their aid from the Basic Disability Pension with funds added from the Disabled Employees' Pension and from the Mutual Benefits Pension for the Disabled.

The Basic Disability Pension will pay out funds when the insuree, regardless of the type of his public pension insurance has become disabled either physically or mentally as prescribed by a specific disease or injury for which he has received initial medical examination, and when he has paid up 2/3 or more of the insurance premiums during his term of insurance. For disabilities for which the initial medical examination was undertaken prior to the insuree reaching the age of 20 years, disability pension funds will be paid from the time the insuree reached the age of 20 years regardless of the term of insurance premium payments.

Payments from Basic Disability Pension vary according to the degree of disability, such as ¥65,258 per month for 1st grade disability, and ¥52,208 for 2nd grade (as of 1987 fiscal year). If the welfare recipient is also raising a child of under 18 years of age, (under 20 years of age if the child should be suffering from severe disability), allowances for this child will be added. This amounts to

¥15,658 per child per month up to and including the second child, and ¥5,225 for the third child and thereafter. The aforementioned pension and child addition remain unchanged whether the disability occurs after having joined the insurance program or when disability has occurred prior to joining prior to the age of 20 years. In the latter case however, payments are not made if the disabled persons should be receiving income above a certain specified level.

Insurees of the Employees' Pension with an disease or injury for which initial medical examination was conducted during the term of insurance, who become disabled above a certain degree and meet with insurance premium payment requirements equivalent to the Basic Disability Pension, are eligible to receive payments of Employee Disability Pension (1st, 2nd and 3rd grade) or Disability Allowance (one time lump sum). Calculation of these payments (annual sums) are as follows.

Employee Disability Pension, 1st grade :

Average standard monthly compensation $\times \frac{7.5}{1000}$ $\times$ length of insurance term (months) $\times 1.25$

Employee Disability Pension, 2nd grade :

Average standard monthly compensation $\times \frac{7.5}{1000}$ $\times$ length of insurance term (months)

Employee Disability Pension, 3rd grade :

Average standard monthly compensation $\times \frac{7.5}{1000}$ $\times$ length of insurance term (months)

Disability Allowance :

Average standard monthly compensation $\times \frac{7.5}{1000}$ $\times$ length of insurance term (months) $\times 2$

The degree of disability corresponding to 1st or 2nd grade of the above are equivalent to 1st or 2nd grade of the Basic Disability Pension. For disability of a degree lower than these, only 3rd grade. Employee Disability Pension is paid, and for minimal disabilities, a one time lump sum disability allowance is paid. For 3rd grade, a minimum guarantee payment of ¥467,100 is provided, and a disability allowance of a minimum of ¥934,200 is stipulated. For 1st and 2nd grade recipients, an additional amount of ¥187,900 per annum is added for married persons, but this spouse allowance is not provided for 3rd grade nor for lump sum disability allowances. When conducting the aforementioned calculations, if the insuree's insurance term should be short of 300 months, a multiple of 300 months is used.

Disability pensions from mutual benefit associations and other pension insurances by the insuree are handled in a manner similar to Employees' Pensions and are added on to the Basic Disability Pension in proportion to the compensation received.

Apart from the foregoing, there is Insurance for the Upbringing of Physically and Mentally Handicapped Persons where the parents pay premiums in the form of mutual help and with the state subsidizing the cost of system maintenance and operation. This system guarantees payment of ¥20,000(¥40,000,

if double premiums are paid) per month to the child following its parents' severe disablement or death.

(3) System of Allowances for Disablement

A Special Allowance for Disabled Persons is paid out to those of 20 years of age and over with degrees of disability requiring special care and attention in daily life due to serious disability either mental or physical. The amount is ¥20,900 per month. This allowance is not paid to those who are cared for in welfare institutions, or are hospitalized for 3 months and over, or whose incomes or whose family incomes exceed a specified amount.

The Special Allowance for Disabled Persons has been derived from the previous Welfare Allowance which has been narrowed down in terms of range of coverage but increased in amount. For those who were receiving Welfare Allowance as of 1985 fiscal year but were no longer considered eligible for Special Allowance for Disabled Persons from fiscal year 1986, an "Interim Measure Welfare Allowance" (¥11,650 per month) was paid. The previous Welfare Allowance was re-named Welfare Allowance for Disabled Children and in the case of severely disabled children of under 20 years of age, a monthly sum of ¥11,650 is paid.

There is a system of Family Allowance for Special Children of under 20 years of age. With the exception of children being cared for in welfare and other institutions, ¥41,100 per month for those with severe disability (1st grade), and ¥27,400 per month for those with moderate disability (2nd grade) is

being paid. As of fiscal year 1986, the number of children receiving such payments totals about 130,000, and the rate of those who receive the payment among disabled children is regarded as being somewhat high.

And under the Child-Rearing Allowance System for a Guardian, an allowance is paid to mother and child families (resulting from parent divorces). This is a system that is separate from the measures for disabled children. If the father is disabled, payments are made until the child has reached the age of 18 years; and if the child is disabled, payments are extended until 20 years. Payments are ¥33,900 per month for the first child, ¥38,900 for 2 children and ¥2,000 added for each additional child. About 3 % or 16,000 of those children receiving Child-Rearing Allowance have fathers who are disabled.

(4) Individual Measures by Local Governments

The aforementioned measures are those operated nationwide at the state level. There are many local government offices which have set up individual measures for disabled persons and children to assist in relieving their financial difficulties. One such example would be that of Musashino city in Tokyo, which incorporates measures by both the Metropolitan government and the city.

Allowances for Severely Disabled Persons (Metropolitan government system) amount to ¥42,000 per month for severely disabled persons such as severe cases of mentally disabled persons cared for at home and house-bound physically disabled people. The Dis-

Table 7-3 Terms for Family Rehabilitation Loans

Types of Loan			Maximum Amount	Period of Grace	Repayment Terms	Remarks
Rehabilitation Loans	Business Operation Loans	Expenses required for starting of business	Maximum ¥900,000	Maximum one year	Maximum 7 years	When approved as a special requirement Maximum amount ¥1,800,000
	Preparation Loans	Expenses required for entering employment	¥75,000	6 months	6 years	
	Vocational Training Loans	Expenses required in gaining knowledge and skills necessary to operate a business or securing employment	¥18,000 monthly	one year	8 years	When approved as special requirement Maximum amount ¥250,000 (one time lump sum) Repayment: 6 months (where prescribed by law or other regulation, the term so prescribed, maximum 1 year)
Rehabilitation Loans for Physically Disabled Persons	Business Operation Loans	Expenses required for physically disabled persons to start a business	¥900,000	one year	8 years	When approved as special requirement Maximum amount ¥1,500,000 Period of Grace: 18 months
	Preparation Loans	Expenses required by physically disabled persons for entering employment	¥75,000	6 months	8 years	
	Vocational Training Loans	Expenses required by physically disabled persons in gaining knowledge or skills to operate a business or securing employment	¥18,000 monthly	one year	8 years	When approved as special requirement Maximum amount ¥300,000 (one time lump sum) Repayment terms: same as for rehabilitation loans
Livelihood Loans		Forwarding of loans for maintaining livelihood during the period that a member of a low income family or physically disabled person's family is undergoing training and education to gain knowledge and skills necessary to operate a business or to secure employment or while undergoing treatment for injuries or ailments	¥31,000 monthly	6 months	3 years	When approved as special requirement Maximum ¥81,000 per month
Welfare Loans		1 Loans necessary for weddings, child birth and funerals 2 Loans necessary for elderly or physically disabled persons to purchase tools or devices for making their daily life easier 3 Loans necessary for moving of residence to new location 4 Loans required by physically disabled persons for the purchase of expensive technical aids for making their daily life easier	¥170,000	6 months	3 years	Classification of maximum amounts: Transfer of residence: Maximum ¥120,000 Welfare loans for physically disabled persons: Maximum ¥500,000 (repayment term 6 years)
Housing Loans		Expenses for expansion, refurbishing, repairing maintenance of housing or for purchase of public housing as provided for under Article 2, Paragraph 4 of the Public Housing Law (No. 193 of 1951)	¥1,000,000	6 months	6 years	When approved as special requirement Maximum amount ¥1,500,000
Tuition Loans	Tuition Fee	Expenses for persons in low income families to enroll and study at senior high schools (advanced departments of schools for the visually impaired, and hearing impaired, and schools for mentally or physically handicapped children and assistance institutions, also advanced courses of specialty training schools, junior colleges (including special courses of specialty training schools), universities and technical colleges	High schools: ¥22,000 per month Technical colleges: ¥30,000 per month Junior colleges: ¥34,000 per month Universities: ¥35,000 per month	6 months	20 years	Categories of maximum loan amounts: High schools and technical colleges: 1 commuting from home: Maximum ¥15,000 2 commuting from quarters away from home: Maximum ¥47,000 Junior colleges and universities: 1 commuting from home: Maximum ¥47,000 2 commuting from quarters away from home: ¥75,000 Tuition when recognized as being required by enrollment in private high schools and universities can be loaned up to a maximum of ¥120,000
	School Enrollment Preparation Loans	Expenses required by members of low income families to enroll in high schools, junior colleges, universities or technical colleges	¥75,000	6 months	20 years	
Nursing Care Loans		Expenses for costs to cover care and treatment of injuries or ailments of a member of low income families (in principle, to be limited to a period of 1 year care and treatment)	¥200,000	6 months	3 years	When approved as special requirement Maximum: ¥360,000 Term of Loan: 1 year and 1 year and 6 months upon special approval
Disaster Relief Loans		Funds loaned to low income families to assist in recovery from damages and poverty suffered as a result of disaster	¥1,000,000	one year	7 years	

Note 1. High schools include advanced courses of specialty training schools, and junior colleges include special courses of specialty training schools

2. Interest rates on loans are 3% per annum. No interest payments are due during grace periods nor on tuition loans.

3. Rehabilitation business operation loans, and welfare loans for which special conditions are involved, and cannot be appraised according to this Chart will be handled separately.

Table 7-4 Major Tax Relief Systems for Disabled Persons

	Types	Persons covered	Amounts and Details
Income Taxes	Exemptions for specified disabled persons	Severely disabled persons	¥330,000 Exemptions
	Disabled person exemption	Disabled persons other than above	¥250,000 exemption
	Exemptions for specified disabled dependents living in same quarters	Severely disabled persons	¥140,000 exemption
Local Resident Taxes	Exemptions for specified disabled persons	Severely disabled persons	¥260,000 exemption
	Exemptions for disabled persons	Disabled persons other than above	¥240,000 exemption
	Exemptions for specified disabled dependents living in same quarters	Severely disabled persons	¥80,000 exemption
	Tax exemption	Disabled persons with annual incomes of ¥1,000,000 or less	Tax exemption
Business Taxes	Tax exemption	Masseurs and Acupuncture specialists	Tax exemption
Inheritance Taxes	Tax deduction	Heir is a disabled person	Deduction of (70 year minus age of disabled person) × ¥30,000
	Tax deduction	Heir is a severely disabled person	Deduction of (70 year minus age of disabled person) × ¥60,000
Donation Taxes	Tax exemption for trust agreement funds	Severely disabled persons	Exemption of up to ¥30,000,000 limit

ability Allowance for Child - Upbringing Allowance (Metropolitan government system) provides ¥11,000 per month for families caring for children with moderate mental retardation or higher, children suffering from severe cases of physical disabilities, cerebral palsy or progressive muscular atrophy. Child Care Allowances (Metropolitan government system) provide ¥9,000 monthly payments per child who has not completed compulsory education and when either parent suffers from severe disability. The Welfare Allowance for Mentally and Physically Disabled Persons (Metropolitan and municipal government) pays a range of ¥8,000 to ¥10,000 per month depending on the age and degree of disability or handicap. There is Welfare Allowance for Persons Suffering from Chronic Illnesses (local government system) which pays ¥8,500 per month to persons with chronic hepatitis and hemophilia who are unable to obtain relief from any other source.

Welfare Allowance for Elderly Persons (municipal government system) will pay from ¥20,000 to ¥35,000 per month for persons of 65 years or older who are bedridden.

(5) Family Rehabilitation Loan System

This is a system for loans at low interest rates to families with low incomes with physically disabled members. Community welfare volunteers are sent to offer guidance and vocational assistance, to help the family achieve economic stability and self-support. The amounts to be loaned and terms for repayment differ with the type of funding to be made, but the rate of interest is 3 % in all cases.

(6) Lowering or Exemption of Taxes

There are various types tax exemptions or reductions which also helps to provide a level of income. The main features have been illustrated in a separate chart.

Besides these, there are cases of lowering or exemption of automobile taxes on automo-



Left above: Integration of disabled and non-disabled people in musical, sporting and recreational events etc. This occurs in various places.

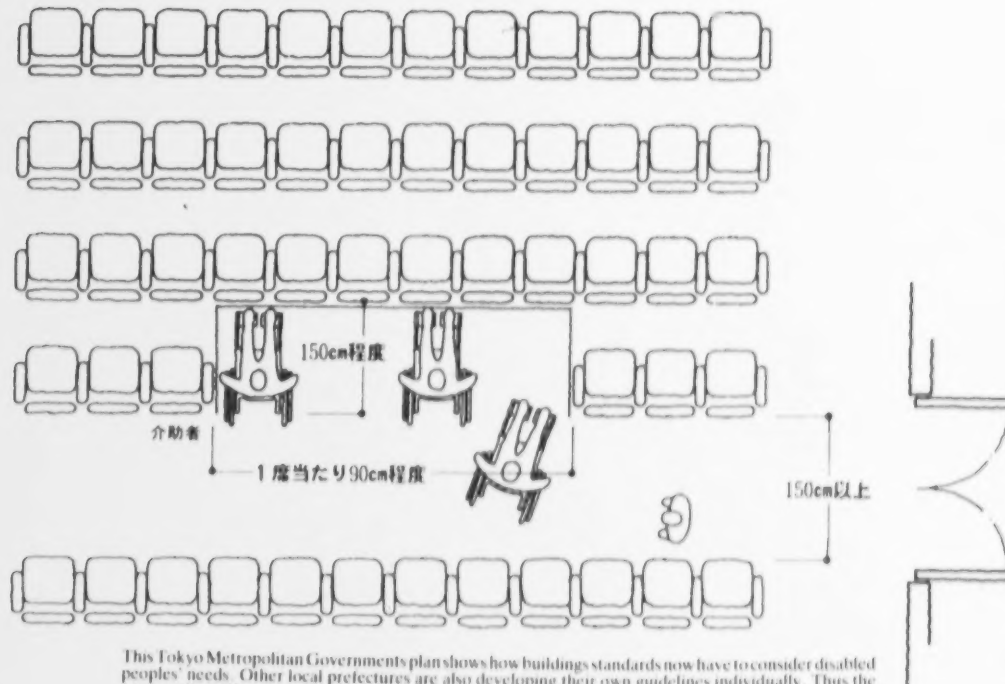
Right above: Integrated education. A blind pupil among classmates.

Right below: A person in a wheelchair hanging her washing.

An increase in the amount of public housings built for people with disabilities is hoped for.

Left below: Marriage and family-life. A growing number of severely disabled people marry and raise children.





This Tokyo Metropolitan Government's plan shows how buildings standards now have to consider disabled peoples' needs. Other local prefectures are also developing their own guidelines individually. Thus the community will become more accessible to disabled people.

biles in use for transportation of disabled persons, of sales taxes on tape recorders, watches and clocks for blind people, duties on wheelchairs and other item imports, taxes on automobiles and automobile purchase taxes.

2. Housing and Technical Aids for Daily Living

(1) Securing Housing

Families with a disabled person who are having difficulties in securing housing are given such help as priority in awarding of public housing (by raising the ratio of winning the drawing of lots); construction of special-purpose public housing for disabled persons' families (346 houses in fiscal year 1986); priority in the awarding of homes built

by the Housing Corporation; and favored treatment in availability of loans from the Housing Loan Bank and other such measures. Apart from such measures designed to secure housing, there are services offering necessary advice and counseling regarding the adapting and design of houses for physically disabled persons as well as financial and legal advice. There are low interest loans available (repayable from Pension Fund payments to a maximum amount of ¥2,020,000) for housing for disabled persons.

★ (2) Provision and Loaning of Technical Aids for Daily Living

There are systems of providing or leasing the necessary equipment for enabling severely disabled persons to enjoy a more independent

Table 7-5 Provision and Lease of Technical Aids for Daily Living

Classification	Category	Disability and Degree	Capability	Number of Cases
For Persons with Orthopaedic Disabilities	1. Bathtubs	Impairment of lower limbs or trunk of 2nd grade and higher	Western type of tub (capacity 150 liters) which disabled persons can use with ease or some substitute	1,893
	2. Water heating equipment	Impairment of lower limbs or trunk of 2nd grade and higher	Capable of providing hot water at over 10 liters per minute when raising water temperature up 25 °C at normal temperature	1,735
	3. Toilet facility	Impairment of lower limbs or trunk of 2nd grade and higher	Facility which disabled persons can use with ease (railing also available)	1,769
	4. Special type toilet facility	Impairment of upper limbs of 2nd grade and higher	Foot operated pedal capable of furnishing warm water and warm air	408
	5. Special type mat	Impairment of lower limbs or trunk of 1st grade (limited to those requiring nursing care at all times)	Designed to prevent bedsores, soiling or damage due to incontinence	2,840
	6. Special type bed	Impairment of lower limbs or trunk of 2nd grade and higher	Equipped with devices to assist rehabilitation training of limbs able to provide independent angling of the user's head and legs	5,917
	7. Electric typewriter	Impairment of upper limbs of 2nd grade and higher or multiple impairment of speech, limbs and/or trunk of 2nd grade and higher (limited to persons having difficulty in writing)	Equipment which the disabled person can use with ease (capable of being fitted with protective devices)	620
	8. Electric toothbrush	Impairment of upper limbs of 2nd grade and higher (incapable of brushing teeth manually)	Items which the disabled person or attendant can use with ease	126
	9. Special type urinal	Impairment of lower limbs or trunk of 1st grade (requiring nursing care at all times)	Equipment able to detect urination automatically and to absorb urine, with a monitoring device and which the disabled person can easily use	305
	10. Bathing stretcher	Impairment of lower limbs or trunk of 2nd grade and higher (limited to those requiring the assistance of other persons when taking a bath)	Enabling the disabled person to be placed on stretcher and positioned by lifting device for bathing	134
	11. Posture-changing device	Impairment of lower limbs or trunk of 2nd grade and higher (limited to those requiring the assistance of family members or other persons)	Equipment using leverage, which the attendant can use to lift up the hips or other portions of the disabled person's body	301
For Blind Persons	12. Tape recorder for the blind	Visual disability of 2nd grade and higher	Items which the visually disabled person can use without difficulty	2,950
	13. Timepiece for the blind	Visual Disability of 2nd grade and higher (audio timepieces are given only to those with impairments to feeling of touch and incapable of using timepieces readable by touch)	Items which the visually disabled person can use without difficulty	3,216
	14. Time switch for the blind	Visual disability of 2nd grade and higher (family consisting solely of blind persons or similar conditions)	Items which the visually disabled person can use without difficulty	102
	15. Kana (Japanese Alphabet) typewriter for the blind	Visual Disability of 2nd grade and higher	Items which the visually disabled person can use without difficulty	558
	16. Braille typewriter	Visual disability of 2nd grade and higher (limited to cases where the disabled person is employed or has a good chance of finding employment)	Items which the visually disabled person can use without difficulty	680
	17. Desktop calculator	Visual disability of 2nd grade and higher (Those who are employed. In principle, housewives or other persons in a similar category)	Items which the visually disabled person can use without difficulty	617
	18. Electro magnetic cooking utensil	Visual disability of 2nd grade and higher (family consisting solely of blind persons or similar conditions)	Items which the visually disabled person can use without difficulty	1,070
	19. Thermometer for the blind (sound type)	Visual disability of 2nd grade and higher (family consisting solely of blind persons or similar conditions)	Items which the visually disabled person can use without difficulty	2,845
	20. Scales for the blind	Visual disability of 2nd grade and higher (family consisting solely of blind persons or similar conditions)	Items which the Visually disabled person can use without difficulty	132

Table 7-5 (Continued)

Classification	Category	Disability and Degree	Capability	Number of Cases
For Persons with Auditory Disabilities	21. Sound Master	Auditory disability of 2nd grade (limited to those rearing infants)	Items issuing sounds/ voices or speech which can be detected by sense of sight or touch	261
	22. Alarm Clock for persons with auditory disability (Vibralarm)	Auditory disability of 2nd grade (with the user being employed and of a family consisting solely of persons with auditory disability or similar conditions)	Capable of sensing by vibration	642
	23. Indoor signal light for persons with auditory disability (Patorolite)	Auditory disability of 2nd grade (family consisting of persons with auditory disability or similar conditions)	Enabling identification of callers' arrival by blinking of lights	917
	24. Gas warning device	For persons having nasal or throat surgery and losing sense of smell (family consisting of persons without sense of smell or conditions similar thereto)	Equipment enabling easy detection of gas leakage by sound	21
For Persons with Internal Disabilities	25. Dialytic liquid heater	Persons with over 3rd grade impairment of the kidneys and underscoring dialysis by CA PD method	Capable of heating dialytic fluid and maintaining a constant level of temperature	from fiscal 1986
Common for All Disabled Persons	26. Fire alarm Device	Disability of 1st and 2nd grade cases (those holds consisting solely of disabled persons or similar condition)	A domestic smoke heat detector which will sound an alarm in the house by sound or light, and outside by alarm buzzer	412
	27. Automatic fire extinguisher	the same as the above	Equipment which at room temperature of 72 °C or by contact with flames will automatically spray 3 liters of fire extinguishing fluid and put out initial phase fires	550
	28. Welfare telephone	Persons with hearing impairment or disabled persons with difficulty in going outside the house (in principle, 2nd grade or higher disability) and recognized as having the need for communication and emergency contact with outside households with disabled persons only or similar conditions)	Items which the disabled person can operate without difficulty	688
	29. Mini FAX	Persons with hearing impairment or disability of sound and speech of 3rd grade or higher and recognized as having the need for communication and contact with the outside household consisting of persons having difficulty in operating telephones including telephones for persons with auditory impairment or similar conditions	Items which the disabled person can operate without difficulty	706

ent daily life. The range of equipment available is increasing year by year and currently totals 29 types. For low income families, these are loaned without cost while other families are required to bear a portion of the entire cost. (In the chart to follow, welfare telephone and mini-fax equipment are leased and other items are issued).

The Ministry of International Trade and Industry has a new housing development project (the Elderly and Disabled Persons' Care System Development Group) to enable severely disabled persons to enjoy independ-

ent daily life. This group has developed a system of horizontal and vertical transfer, a system for moving upstairs, etc.. And in order to make the most of this newly developed equipment, a system whereby leases are available from the Japan Development Bank has been established. There have also been programs set up to offer counseling and information about using such technical aids and equipment.

3. Social Welfare Facilities for Disabled Persons

There are many different types of social welfare facilities for physically and mentally disabled persons, but the main institutions are rehabilitation institutions for the physically disabled (for disabled persons of 18 years of age and over), as provided for by the Law for the Welfare of Physically Disabled Persons; institutions for mentally retarded persons (mainly for mentally retarded persons of 18 years of age and over) as provided for by the Law for the Welfare of Mentally Retarded Persons; and child welfare institutions for physically and mentally disabled children (mainly for children under 18 years of age) as provided for by the Child Welfare Law. Though there are separate groups of children under 18 years and adults of 18 years and older, children under 18 may be accommodated in institutions for adults if deemed necessary for rehabilitation services. Those over the age of 18 may continue to stay in children's institutions if there should be no vacancies for accommodating them in adult institutions. Some institutions accommodate both children and adults together.

Apart from these facilities for disabled children and adults, there are elderly persons who have severe physical or mental disability, who are cared for in special homes for the elderly. There are also poor persons with physical or mental disabilities who are cared for in nursing facilities set up under the Daily Life Security Law. Thus many disabled per-

sons are cared for in facilities established under the Law for the Welfare of the Aged, Daily Life Security Law and other legislation, and in facilities without actual legal basis but operating solely under budgetary measures, such as half-way houses for mentally retarded persons.

Under the Mental Health Law enacted in 1987, there are provisions for facilities relative to rehabilitation of mentally ill persons having been discharged from mental wards, such as dormitories for care of mentally ill persons, welfare homes (daily life adjustment training facilities) and non-residential sheltered workshops (work centers). These are to be built and opened from 1988.

Physically and mentally disabled persons and children accommodated at or commuting to these various types of facilities total over 250,000 persons and the number continues to increase.

Welfare facilities for disabled persons are classified into various categories. Classification is based on the legislature on which the facility is based (Law for the Welfare of Physically Disabled Persons, Law for the Welfare of Mentally Retarded Persons, etc.); on the type of disability (for example, the facilities for care and rehabilitation of physically disabled persons can be further classified into facilities for rehabilitation of visually disabled persons and of persons with internal disorders, etc.); on the degree of disability (sheltered workshops for physically disabled and others for severely physically disabled persons, etc.); on the ages of persons

requiring care (children, adult and elderly persons); on the nature of services offered (rehabilitation, residential or work facilities, etc.); on whether the person is accommodated on a 24-hour basis or is to commute to the facility during daytime (residential or non-residential type of rehabilitation facilities for mentally retarded persons, etc.); on whether accommodation is based on administrative measures (of the welfare office, for example) or by mutual agreement between the user and facility operator; and on the nature of the organization operating the facility (whether publicly operated or by private social welfare, juridical persons, etc.).

In looking at recent trends in facilities for disabled persons, as is shown by the following diagram, facilities for disabled children are decreasing on the whole, with the exception of facilities for severely disabled children. This is believed to reflect the overall decrease in disabled children, diffusion of school education, progress of integrated nursery facilities, etc. and preference for community-based services. In contrast, the facilities for adult disability cases, both physical and mental, are tending to increase sharply, particularly in the case of residential institutions and sheltered workshops for severely disabled, and non-residential type of facilities. This is believed to be caused by a sharp increase in the number of disabled persons who face difficulties in continuing to live at home with other family members, and others whose degree of disability makes it difficult for them to find employment opportunities in

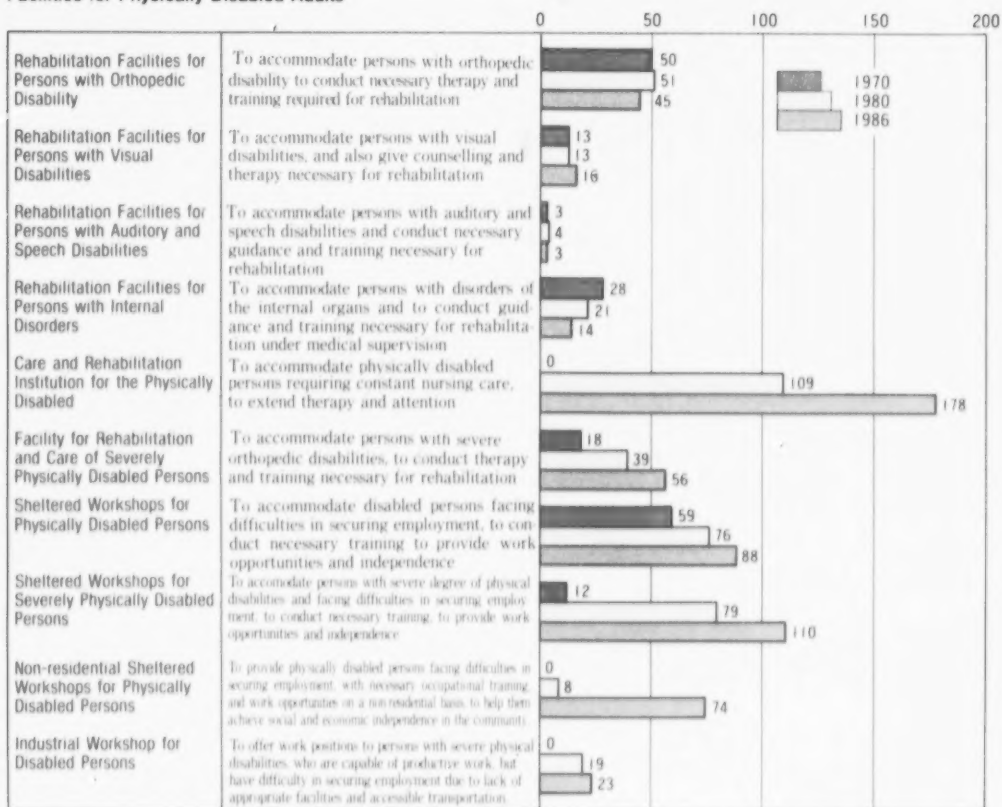
private enterprises.

Together with the increase in both residential and non-residential types of sheltered workshops for disabled persons, there is a sharp increase in the number of unauthorized small workshops, which now number more than twice of the authorized sheltered workshops. This is caused by persons who have graduated from special schools or have been discharged from mental wards, but are unable to find positions in private enterprises, and are finding that there are not enough authorized workshops. Such authorized workshops are not generally allowed to have joint utilization by persons suffering from a different disability, or refuse entry due to a disability being too severe.

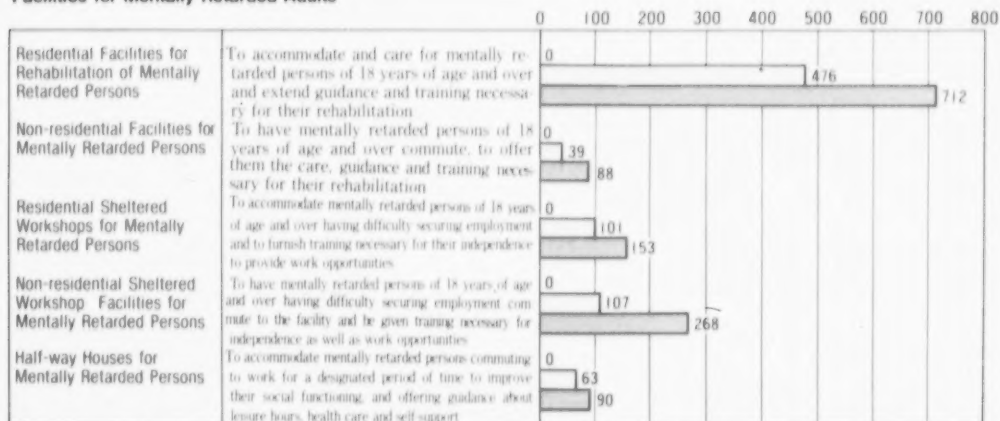
Residential facilities and rehabilitation facilities for severely disabled adults have a minimum capacity of usually 50 persons and tend to become large scale institutions and isolated from the local community. In recent years, small scale residential facilities are becoming popular. Besides the welfare homes for the mentally retarded, welfare homes for physically ill persons, dormitories for care of mentally ill persons, and welfare homes for mentally disabled persons are the types of institutions handled at the state level. There seem to be large numbers of such small scale institutions handled by private concerns and local government offices and these amount to several hundred throughout the nation.

Table 7-6 Trends in the Numbers of Welfare Facilities for Disabled Children and Adults

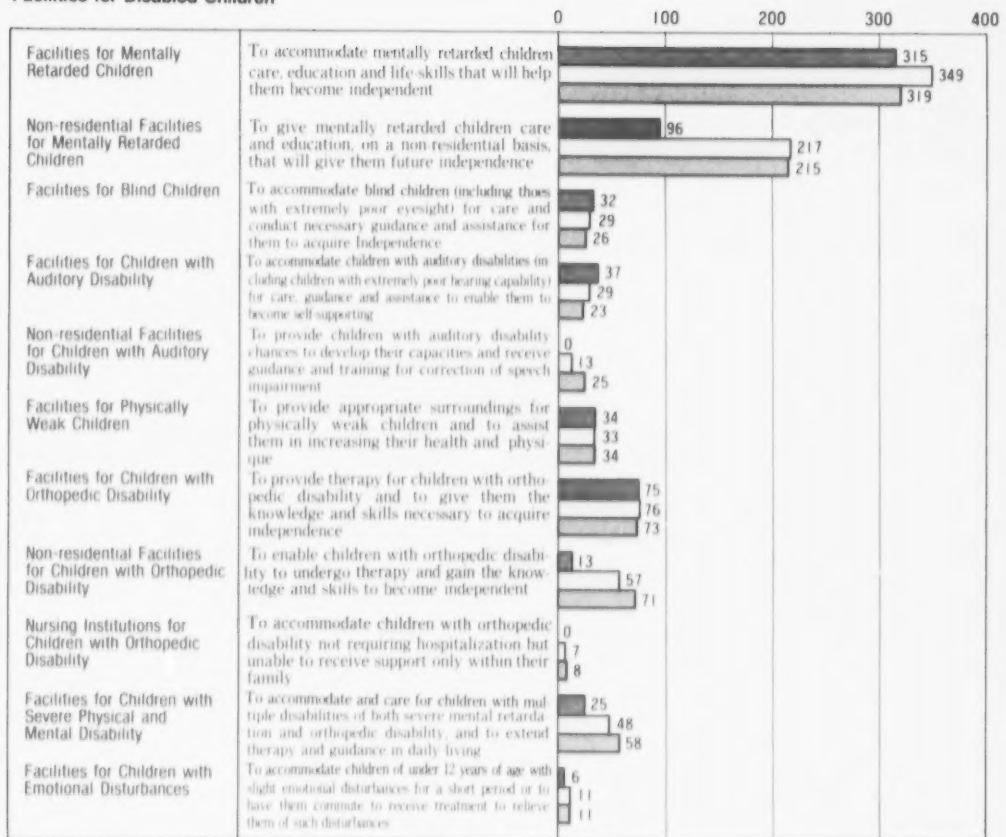
Facilities for Physically Disabled Adults



Facilities for Mentally Retarded Adults



Facilities for Disabled Children



4. Attendant Care for Disabled Persons at Home

For severely disabled persons to continue daily life in their community, assistance with daily needs such as meals, shopping and other household chores, are the most fundamental and essential services required. The "Home Help" system is the major means by which such help is available. Home helpers are dispatched to the required household of severely disabled persons to help in meal prepara-

tion and serving, laundry, housekeeping and cleaning, shopping, other personal services, help in commuting to hospitals and other institutions, as well as to offer them counsel, advice and guidance in all matters. In principle, they work 3 hours per day, 6 days per week, but due to the shortage of helpers, there are cases where they are available only once or twice per household per week. Low income households may receive help free of cost, but costs are borne according to income levels. The total number of helpers (includ-

Table 7-6 Programs for Promotion of Social Participation by Disabled Persons

	Type of Assistance	Program Contents
Services for Blind Persons	① Training of volunteers for braille translations and reading services	Guidance and training in the field of braille translation and reading to persons interested in the welfare of visually disabled persons
	② Training for blind women in house work	Providing blind women with training in day-to-day domestic situations
	③ Dispatching of guide helpers for the blind	Dispatching helpers to assist persons with severe visual disability outside the home
	④ Holding classes for blind young people to help their social adjustment	Holding classes for young people with severe visual disabilities to provide social life skills they will need in everyday life
	⑤ "Guide dog" training schools	Training of Guide Dogs that will enable blind people to have a full range of social activities
	⑥ Immediate training program for persons who have lost their eyesight by middle age	Offering advice and counsel to persons having lost their vision in middle age; to provide guidance in perception and braille as steps prior to their independent living
Services available to Persons with Auditory and Speech Disabilities	⑦ Training of sign language helpers	Training of sign language helpers through teaching sign language etc. to persons concerned about the welfare of persons with auditory disability and providing helpers for persons in daily life in society
	⑧ Training program for sign language interpreters	The development of interpreters able to facilitate communication for those with auditory disabilities
	⑨ Speech therapy for persons with voice impairment	Providing speech therapy to those having undergone laryngectomies and losing vocal function
	⑩ Sunday classes for persons with auditory disability	To conduct training for persons with loss of hearing required for their daily living and provide a place for exchange of opinions and study of the problems involved
	⑪ Program of "Speed writing"	Training of helpers to acquire speedwriting techniques which will assist those having lost auditory functions in mid life (and having difficulty in learning sign language communication) to ease communication among persons with limited auditory capabilities
	⑫ Providing speed writing helpers	Dispatching of helpers with speed-writing abilities to perform as simultaneous interpreters for persons having lost auditory function midway in life (or persons hard of hearing and unable to understand sign language)
Services available to Persons with Cerebral Palsy	⑬ Providing guide helpers to persons suffering from cerebral palsy and motor ailments	To send guide helpers to people with severe cerebral palsy and other ailments when there is a need to attend to business outside their homes
Services directed to Persons with Bladder and Rectum Dysfunction	⑭ Ost-mate (artificial anus and bladder) user	Training of persons in the correct fitment and use of Stoma equipment and provide counseling to develop positive self regard and psychological adjustment

Table 7-6 (Continued).

Services Common to Various Disabilities and Diseases	Type of Assistance	Program Contents
	15 Program for improving the living environment of the physically disabled	To promote an more accessible environment for physically disabled person and to provide data and information, etc. useful for their daily activities
	16 Training physically disabled persons for daily life activities	To conduct systematic training and instruction in braille, sign language, fitment and use of artificial limbs and various forms of recreation, etc.
	17 Promotion of adult education and correspondence classes	Subsidizing enrollment and tuition fees for persons seeking to take adult and correspondence education approved by the Ministry of Education
	18 Driving lessons	Subsidizing of costs of instruction and training at driving schools to assist physically disabled persons to obtain drivers' licenses to increase their employment prospects
	19 Adapting cars for physically disabled persons	Subsidizing the costs of converting cars used by physically disabled persons in travelling to work
	20 Marriage counseling for physically disabled persons	To offer necessary advice and guidance regarding marriage of physically disabled persons
	21 Sports events for physically disabled persons	Prefectural government offices sponsor and promote sports events for physically disabled persons
	22 Counselors for physically disabled persons	To establish a system of counseling at various welfare organizations working with physically disabled persons, to offer guidance and training to counselors
	23 Health classrooms for disabled women	To provide guidance in day-to-day health care to disabled women, and provide opportunities for instruction necessary for and exchange of experiences relative to childbirth and child raising
	24 Welfare week for physically disabled persons (9-16 December)	To conduct extensive programs for promotion and enlightenment of the public. To seek for the further understanding and recognition of the problems of disabled persons in society
	25 Sports classes for physically disabled persons	Holding sports classes dealing with all kinds of sports to familiarize and arouse interest among the physically disabled in sports and motivate them into participation in society through sports
	26 Assistance in remodeling of disabled person homes	To offer advice and guidance regarding adapting, financing and consultation on legal matters relative to remodeling of housing by the disabled person or family members
	27 Guidance for disabled persons in setting up their own businesses or securing employment	To offer advice and guidance regarding types of work, existing systems, facilities and equipment, and other related matters to help set up business or secure employment
	28 Advice on technical aids and equipment for physically disabled persons	To respond to requests from disabled persons or their families about the best use of technical aids and equipment, to give advice and information about independent living possibilities and lighten the load of attendant care by family members

ing home helpers to elderly people) budgeted for in fiscal 1987 was about 25,000.

Other systems include guide/helpers for blind people. They assist blind people in instances where it is mandatory for them to go to public or to other medical institutions. There is also a system of guide/helpers for people with cerebral palsy as a service to disabled persons at home. These helpers assist those impaired by severe disabilities who would otherwise find it difficult to go outside alone.

The above are examples of helpers being dispatched to the home to render services on a day-to-day basis. There is also a system whereby a physically disabled person may be given short-term (usually a maximum of 7 days) residential care if their regular family carers become indisposed through illness, childbirth, accident or other pressing circumstances.

Some local municipalities can offer bathing, hot meals and hairdressing services to disabled persons at home.

5. Services Enabling the Participation of Disabled Persons in Social Activities

There are various services being rendered to enable disabled persons' participation in activities within the local community. There are organizations to promote participation by disabled persons in many different types of

social activity; activities aimed at an easier community life for disabled people conducted by local municipal government offices. These aim to improve community life and environment for disabled people and to enlighten other residents about their needs; they include day-care programs for severely disabled people, which provide counseling, training and recreational facilities for those unable to get regular employment; programs to train coaches and referees for sports events for the physically disabled who seek participation in such events; sponsoring of the National Sports Games for the Physically Disabled; activities designed to train and organize volunteers; efforts to make public buildings, transport and roads accessible for disabled people; and preparation of braille and recorded documents together with multiple channel television programs.

To lighten the financial burden of disabled people when travelling, discounts on the Japan Railways, domestic air fares and tolls for expressways are available.

Social activities for participation by the disabled are supported financially by the state and organized by each prefecture and other local municipalities at their discretion as to what they see as appropriate for existing conditions. In fiscal 1987, there were 28 such activities funded and these are tending to become more detailed and extensive by the year.

Chapter 8

The Disability Movements

Trends in Organizations for Major Disabilities

I. The Beginning of the Disability Movements after World War II

As a result of World War II people lost their homes and jobs, and civil protests, such as one demanding rice, were staged across the nation.

Amongst them was a disabled persons' movement started in order to protect the livelihood of disabled persons. Tuberculosis patients at the National Sanatoria formed a patients' organization in order to make their demands for better treatment and more effective rehabilitation known to society. From

this, in 1948, was created the national organization known as the Japanese Patients' Federation.

Around 1949, recovered tuberculosis patients in Kumamoto, Fukuoka and other regions began to press for the establishment of aftercare centers. This movement spread into Hyogo, Okayama and Tokyo. This was the beginning of Zencolo - The National Organization of Sheltered Workshops.

II. The Formation of Organizations concerned with Specific Disabilities

Immediately after World War II people with visual and hearing impairments formed their own nationwide organizations. Since the Meiji Era (1868-1912) such people have been given special education, and this made it easier for them to create their own organiza-

tion.

This was known as the Japan Federation of the Blind (1948). This was also the year in which Helen Keller visited Japan, and a movement arose desiring the enactment of a welfare law for the visually-impaired.



In 1949 tuberculosis sufferers at Nakano National Sanatorium began a campaign to build a workshop. They started an after-care home (Nakano-so) by adapting a disused train. This is now the present-day site of Tokyo Colony.

Helen Keller's visit made a great impact upon the post-war disabled persons' movements. One such example was the setting up of the employment-promotion week for disabled persons.

Next was the re-establishing of the All Japan Federation of the Deaf (1949). This Federation began to demand amendments to the discrimination clauses in both the Criminal and Civil Law.

Since 1958 these two federations have established the Japan Association of Disabled Veterans and the Japanese Federation of Organizations of the Physically Disabled.

With the assistance of the Mutual Aid Association of Railway Workers, an organ-

ization known as the National Railways Federation of Disabled Workers' Organizations was established. This was a movement of physically handicapped persons, which protested about the reduction of pension benefits. In 1953 the Federation first began to publish a monthly journal called "Rehabilitation". At that time the word "rehabilitation" was very new.

In 1947, graduates from the Komei School for Orthopedically Handicapped Children in Tokyo first published a magazine called "Shinonome". In order to put into practice the ideology founded in "Shinonome", some of the participants formed "Aoishiba-no-Kai" (The "Green Grass Association"). They organized protests against the controlled life within institutions and also launched a larger social movement by bringing up issues about



In 1953, tuberculosis sufferers in Kiyose Hospital started the Japan Rehabilitation Association using an old disused chicken coop which they remodeled.





Left: Helen Keller in front of A-bomb ruins in Hiroshima.
Right: Helen Keller arrived in Japan on August 29, 1948.

mercy killing of disabled infants, and mercy killing in general.

In the field of mental retardation, 1949 saw the re-founding of the Japanese Association for the Protection of the Mentally Retarded (an association of institutions). Also, in 1952 the parents of mentally retarded children formed the Japanese Parents Association for the Mentally Retarded.

This was the first organization created by parents of disabled children in Japan. The association now has 1,995 chapters with 410,000 members: the largest parents'

organization.

In the 1950's, groups of parents with physically handicapped children began to organize their activities locally, and in 1961 the National Federation of Organizations of Parents of Physically Handicapped Children was formed. This Federation and The Japanese Parents' Association for the Mentally Retarded are major parents' associations in Japan.

These two organizations first began putting all their efforts behind the building of institutions and special schools for their children, as there were very few of such facilities at that time.



Shunchō Hanada, founder of "Shimonome", opening a welfare movie festival as representative of the Japan Council for IYDP.

Teachers and parents of disabled children appealed for compulsory education of disabled children in special schools or classes (1964). This occurred finally in 1979.





The students of a School for Disabled Children go out with friends and enjoy playing with animals.

III. The Campaign for Realizing Compulsory Education for all Disabled Children

Since 1902 both visually and hearing-impaired children had been the target of special campaigns demanding their education. After World War II this demand was put into motion and implemented via the School Education Law of 1947.

The above law also stated "Special Schools shall be established...." for orthopedically handicapped and mentally retarded children. However as there was no date specified for this, it was thirty-one years before this occurred.

In order to resolve such issues as compul-

sory special education, improving social security benefits and increasing welfare pension payments, disability-related organizations began to jointly organize national conferences and meetings. They also tried to ensure complete and effective enactment of the Physically Handicapped Persons' Employment Promotion Law, and the Law for the Welfare of the Mentally Retarded. Both these laws were finally enacted in 1960.

In 1979 compulsory special education for children with physical handicaps and those with mental retardation was finally put into



effect. The delay in this implementation meant that these measures faced some opposition from those desiring the new concept of integration of such children into the regular

The kidney patients' organization requests improvement of the kidney bank. Many patients suffer from the side-effects of kidney dialysis.

school system.

IV. Pollution and the Disability Movements

Between the 1950's and 1960's Japan enjoyed a spectacular technological revolution with rapid economic growth and modernization. However, at the same time, pollutants discharged through large industrial processes caused many disabling conditions among citizens. Of course, this became a major social issue.

In 1955 arsenic milk-poisoning was discovered in the Morinaga Company's milk. 1956 saw the discovery of Minamata disease due to mercury-poisoning, both creating great public concern.

In Toyama Prefecture the waste from mining procedures was found to cause Itai-Itai disease. Also the oil-refinery industries



After the Tokyo Olympics, paralympics were held in 1964, and made a great impact upon the life of disabled persons in Japan.

of Yokkaichi resulted in disablement for many citizens.

Chemical poisoning also occurred during the same period. Thalidomide babies caused via sleeping pills and Sumon disease via Chinoform were discovered. Victims of both went to court in 1963 and 1971 respectively.

Furthermore, non-inflammatory degeneration of the retinas of premature babies, and muscular atrophy of the quadriceps in the thighs of babies were both found to be the result of medical malpractices. Court cases

resulted in 1972 and 1973.

In all the above tragedies positive results for the victims only came about through concerted efforts by themselves, their families and other concerned citizens. Such societies as the Association to Protect Morinaga Milk-Poisoned Babies; the Citizens Assembly to Eliminate Pollution and Support the Minamata Disease Lawsuit; the Parents' Organization for Congenitally Abnormal Children, the Parents' Association to Open-up the Children's Future; and the National Sumon Association were all established at this time.

V. The Formation of Parents' Associations concerned with Specific Disabilities

There has already been mention of the

Associations formed by the parents of those



Many day care facilities for disabled children have been created. Research continues to strive for earliest detection and treatment of disability.

children suffering from mental retardation or physical disability.

In the 1960's other organizations also sprang up, many parents' organizations for the children with disabilities that had not received official recognition up to that time. Such organizations became established because of the insufficiency of the laws to date, and also the lack of governmental measures in response to the needs of specific disabilities. Also, the parents began to recognize the necessity and importance of becoming pressure-groups for their children's causes.

The following specific organizations were thus formed and began taking action:

- The Parents' Association for Children with Speech Impairment (1962)
- The Organization to Protect Children with

Heart Disease

- The Japan Muscular Dystrophy Association
- The Parents' Association of Brothers and Sisters who have Mentally & Physically Handicapped Siblings (1963)
- The National Association to Protect Children with Severe Mental and Physical Disabilities, (1964)
- The National Federation of Families' Organizations with Mental Illness (1965)
- The Parents' Association for Autistic Children (1967)

Also formed around this time were the Central Association to Protect Children from Polio, The Japan Friends' Association for Persons with Rheumatism (1960), The All-Japan Association for the Visually-Impaired



Disabled people and volunteers together check accessibility in town. A guide-book for wheelchair-users resulted.

(1967), the National Organization to Protect Persons with Nephritis and Kidney Diseases (1970), etc.

Most organizations of this sort were born spontaneously for reasons already cited. Through their experiences they began to realize that they were all in the same boat. They began to set up a coalition to lead their movement more effectively. The first such

coalition was established in 1965 - the National Association for the Welfare of Mentally and Physically Disabled Children was set up within the National Council of Social Welfare.

Also formed in 1966 was the National Coalition of Parents' Association for Mentally and Physically Disabled Children. This provided the National Welfare Foundation to provide counseling, consultation and training for such children, regardless of disability.

VI. A Shift from Institutional Care to Community Care

The above organizations in particular were concerned to see many more institutions and so on, because of the lack of the same, or the huge waiting lists for those available. As such, services for children at home were

totally neglected.

In 1964 the 13th Paralympic Games were held in Tokyo and this was also the venue for the 3rd Pan-Pacific Rehabilitation Conference of Rehabilitation International. Both



Left: May Day demonstration in 1981.
Right: May Day demonstration in 1967.

events brought about a big shift in social welfare policies for the disabled, which till then had centered around institutional care.

1965 was the year in which parents' organizations were becoming concerned to have community-based facilities for their children. This new emphasis on community-care quickly took root across the nation. A movement to integrate disabled children into regular kindergartens and day nurseries was also started.

In 1966 the Government also responded to the increasing requests from many organizations; they initiated support for an increase in community facilities for the physically disabled. The supply of technical aids, the creation of training programs for social adjustment, the start of social welfare centers and so on, were also newly begun.

Furthermore, a campaign entitled "Making the Town Accessible for the Wheelchair-Users" was another major development, with much emphasis on the coalition of disabled people themselves and volunteer citizens.

In 1970 persons in wheelchairs from an institution for severely disabled in Sendai City took to the streets. They found they could hardly move because of high curbs on every sidewalk. Their outcry resulted in a "Citizens' Assembly to Build A Disability-Enlightened Town". Their first efforts led to a growing awareness of the importance of accessibility for people in wheelchairs throughout other cities and towns.

From this grew such as the local access guides for wheelchair-users, and the lack of



Public campaign to promote the employment of disabled people.

accessibility in urban planning was pointed out.

These first measures concerning accessibility were specifically concerned with wheelchair-users. However, in a national meeting of the National Wheelchair Citizens' Assembly held in Sendai City, the accessibility problems of other disabled persons were also

discussed. The Campaign took up their interests also.

Through this campaign began the realization that disabled people could share the same goals and be a support to each other in many ways. From this time on there has been a slogan of "Living Together with Disabled Persons" which has been stressed by disabled people, volunteers and workers of institutions for disabled persons.

VII. The Movement to Protect the Civil Rights of Disabled People

A major reason for such organizations organized by disabled people or their families was to create pressure-groups that would sway politicians or government administrations.

Such a movement followed on the heels of various other movements - (citizen's groups, labor unions and teachers' unions) in the late 1960's, when disabled people also began to recognise that they had rights. They began to



A large bookstore which hires many people in wheelchairs
("Scrum" Bookstore in Izumicity, Miyagi Prefecture)

demand their rights to education, for a good life style, and their right to work. In 1968, at the 17th National Congress of the Deaf, the slogan "Protection of our Living and Rights" was adopted.

Prior to this, in 1966 a proposal was presented at the 15th Educational Study Meeting of the Japan Teachers' Union. They wanted to create a nation-wide private organization that would consider the educational needs of disabled children.

Members would include teachers of

disabled but also parents, workers in institutions, doctors and other relevant personnel. As a result the following year saw the establishing of the National Study-Group on Issues of Disabled Persons.

This study-group declared a moral stance concerning the rights of disabled children, and defined such issues as the development and civil rights of such children.

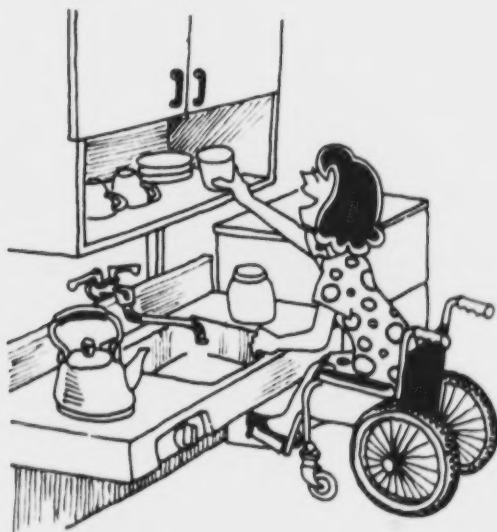
This group became a focal point, and from



Above: National Conference of Japan Council for the International Year of Disabled Persons in 1981.

Below: Kibi-Matsushita, Inc., one of the joint ventures of private enterprise and local government.





The Green Grass Organization, founded in 1957, first tackled the need for institutional care in 1965. They requested that the Tokyo Metropolitan Government open a residential home with care services, in 1975. As a result, the Tokyo-to Hachioji Jintsu ("Independence") Home was opened in 1982.

their example "The National Assembly to Protect the Living and Rights of Disabled Persons", and the National Conference to Support the Life and Rights of Disabled Persons was formed in 1967.

This was considered monumental, in that it over-rode any and all differences and types

of disability within the various organizations so far involved.

Also, as mentioned earlier, the Aoishiba-no-Kai (The "Green Grass Association") was formed in 1957. About this time they also began demanding their rights, sometimes by campaigns emphasizing their needs.



A campaign to demand adequate income maintenance reached its peak in 1986, and the basic disability pension was created as a result.

VIII. Securing the Right to Work

Although many European countries and the United States already had policies outlining the employment rights and policies of disabled people, yet Japan still lagged behind in this respect.

The various organizations for and of disabled people kept demanding action for a recognized and mandated employment quota system, however, it wasn't until 1960 that the Government finally passed the Physically Handicapped Persons' Employment Promotion Law.

Unfortunately this law was virtually useless as the employment quota was very low,

only certain physically disabled were recognized and the quota was not enforceable by law.

Immediately following enactment of the act, therefore, disabled peoples' organizations began demanding amendments to it. In 1976 the law was finally changed. Employers were legally expected to employ disabled people, a quota being set at 1.5%, and a levy was collected from those employers failing to meet the requirements.

Even then, this law only considered physically disabled people. A campaign continued to demand that employment of people with



all types of disability be enforced. In 1987 this became the Law for the Employment of Disabled Persons.

Organizations for and of disabled persons have also been asking for the establishment of a wage-subsidized employment system and sheltered workshops, but at this time action seems unlikely.

As there are presently not enough sheltered workshops available for severely disabled people, their parents have been aiming to establish more community-based "small workshops" instead. Up to now approximately 1,600 small workshops have been built, with over 20,000 disabled people working in them.

In recent years, a voluntary movement in which disabled persons and non-disabled persons come in contact with each other through music and recreational activities has come alive in every part of the country.

Such workshops receive only a little in the way of national or local-government grants, so their management is very difficult. In recent times, particularly due to the high yen causing a decline in all industries, these workshops have been struggling hard in many cases.

The Federation of Small Sheltered Workshops, and other organizations in Japan, have been demanding the need for positive assistance to be given to these small workshops in the community.

IX. Increasing the Independence of Disabled People

Since 1981, the International Year of Disabled Persons, the Japanese government, society and the mass-media have been made much more aware of the needs and problems of disabled people.

Also as a result, the various organizations representing disabled people have been concerned to overcome differences between themselves. The Japan Council for the International Year of Disabled Persons (which will be mentioned in more detail later) was a fairly relaxed coalition of these organizations.

In 1983 some of the JCIYDP organizations invited leaders of various American independent living movements to Japan, and held the Japan/U. S. A. Seminars on Independent Living of Disabled Persons. These seminars proved of great impact upon severely disabled Japanese people, who had been seeking "full participation and equality". Following the seminar, various localities started their own independent living movements.

This time also saw the developing of both group-homes and community-based small workshops (including those for mentally people) by disabled people themselves and their families. This is seen as a vital issue

for those disabled people living in the community.

Another issue of particular importance was to establish a decent level of income maintenance as a basic right of disabled people.

In 1960, the National Coalition to Establish Income Maintenance was formed. This pressure-group comprised people with cerebral palsy or polio who were unable to work for their living.

The JCIYDP was involved with this vital issue from the start. Finally in 1986 the National Pension Law was amended to include a basic disability pension as part of the pension scheme. Although the pension itself is not enough to live on, it is a significant step that it has been integrated into the main pension scheme.

Another important move was the establishment of the Disabled People's International in 1981 at Singapore, in their first World Congress. Japanese disabled persons have been involved in this activity since then and the DPI Japan was established in 1986; it will be co-ordinating with the 16th World Congress of Rehabilitation International in Tokyo to ensure their full potential is realized.

X. Japan Council for the International Year of Disabled Persons

The above organization was first created

in 1980, the year prior to the IYDP.

Fifty-seven nationwide organizations for disabled people were first participants, and this later increased to 100. Presently the number is ninety-one.

The JCIYDP is a coalition that seeks to coordinate the activities amongst organizations of and for disabled people in order to fully promote the participation and equality of disabled people.

In 1981 they staged a National Congress to consider long-term plans, and since that time they have held one every year to continue full implementation of their plans. Activities also include staging the IYDP Newsletter, holding film festivals and also book fairs that highlight issues concerning disabled people regularly.

Since its inception it has achieved the following: the amendment of the Law for the Welfare of Physically Disabled Persons; improving the income of disabled people through amendments to the National Pension Law; and the total amending of the Physically Handicapped Persons' Employment Promotion Law.

Present issues are focused upon changing aspects of the Mental Health Law, and expanding the scope of officially-recognized disabilities to fall into line with internationally-recognized standards.

For the latter half of the United Nation's

Decade of Disabled Persons, the JCIYDP has chosen the following plan of action: -

1. To review the scope and degrees of officially-recognized disabilities.
2. To establish a social-welfare system that meets the lifelong needs of disabled people.
3. To guarantee the participation of disabled people in policy-making.
4. To advocate for the rights of disabled people.
5. The improvement of employment services for all types of disabled people.
6. The securing of financial assistance for community-based small workshops.
7. The improvement of community-based welfare services.
8. The improvement of income-maintenance and personal care services.
9. The review of institutional care services.
10. Supplying more housing for disabled people, and the improvement of public transportation services.
11. To promote earlier detection and treatment of disabilities and day-care services for disabled children
12. Greater integration of disabled children into normal education systems.
13. Improving medical care.
14. Raising society's awareness of the needs of disabled people.

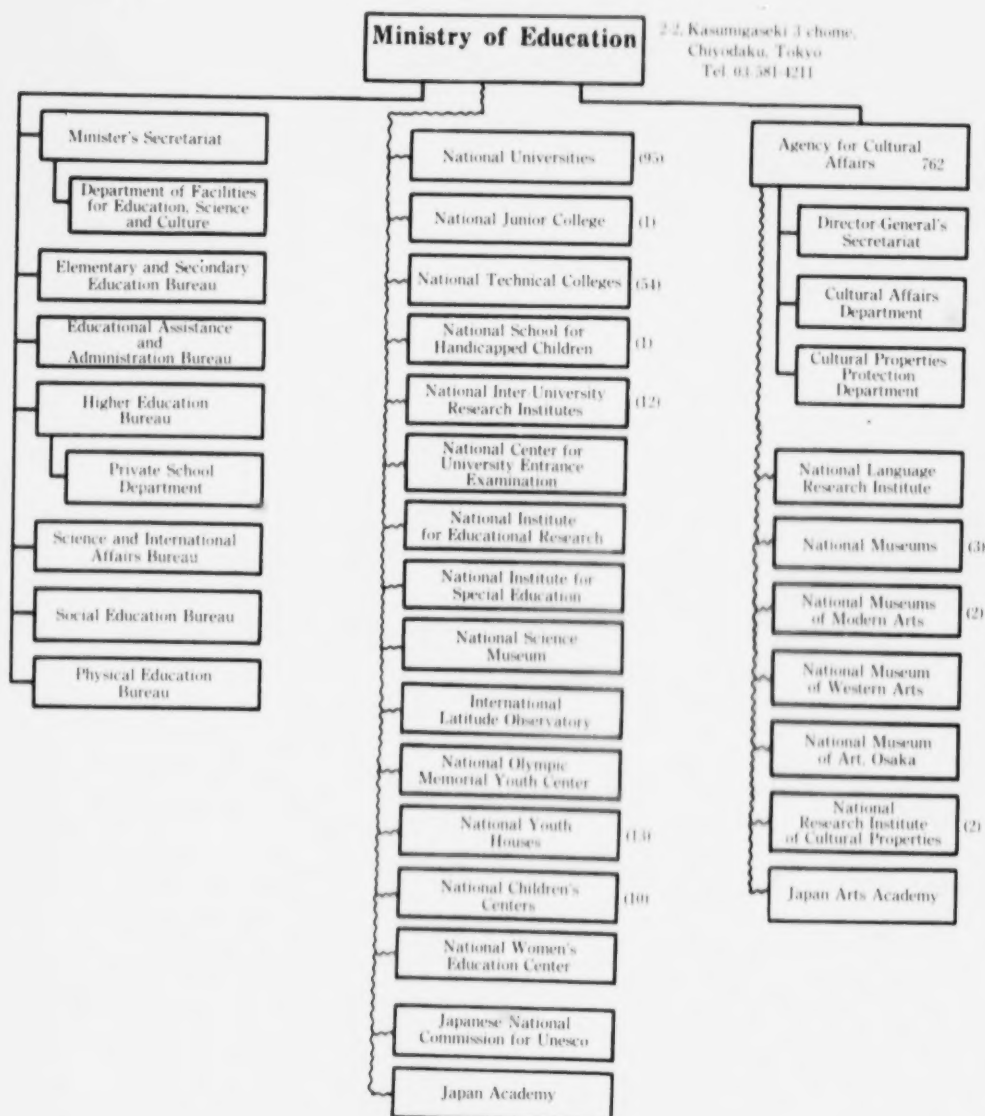
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- II Fundamental Law for Countermeasures for Mentally and Physically Handicapped Persons
- III List of Major National Organizations for/of Disabled Persons

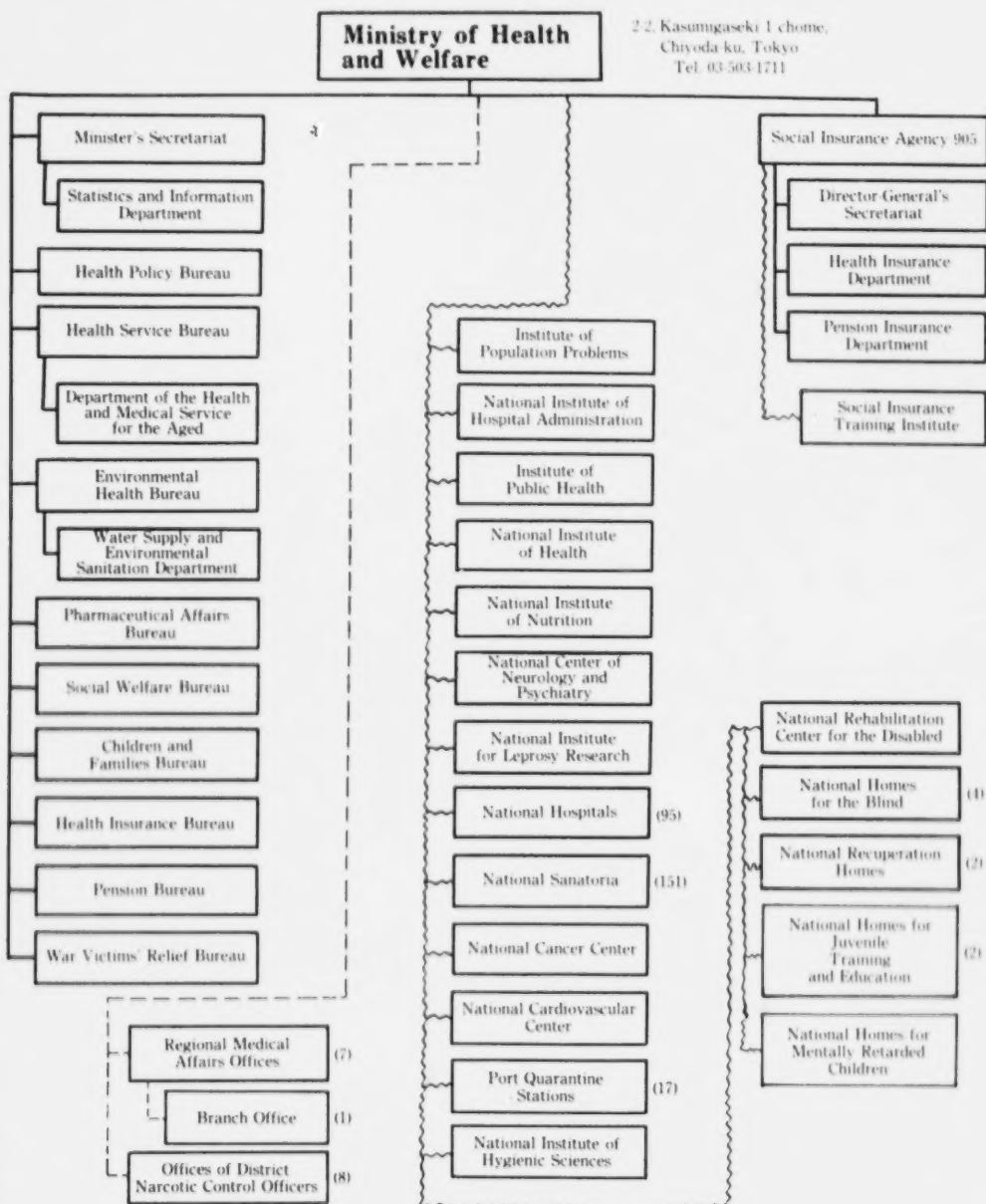
I. Organizations of Major Governmental Bodies Concerned with Rehabilitation

1. Organization of the Ministry of Education



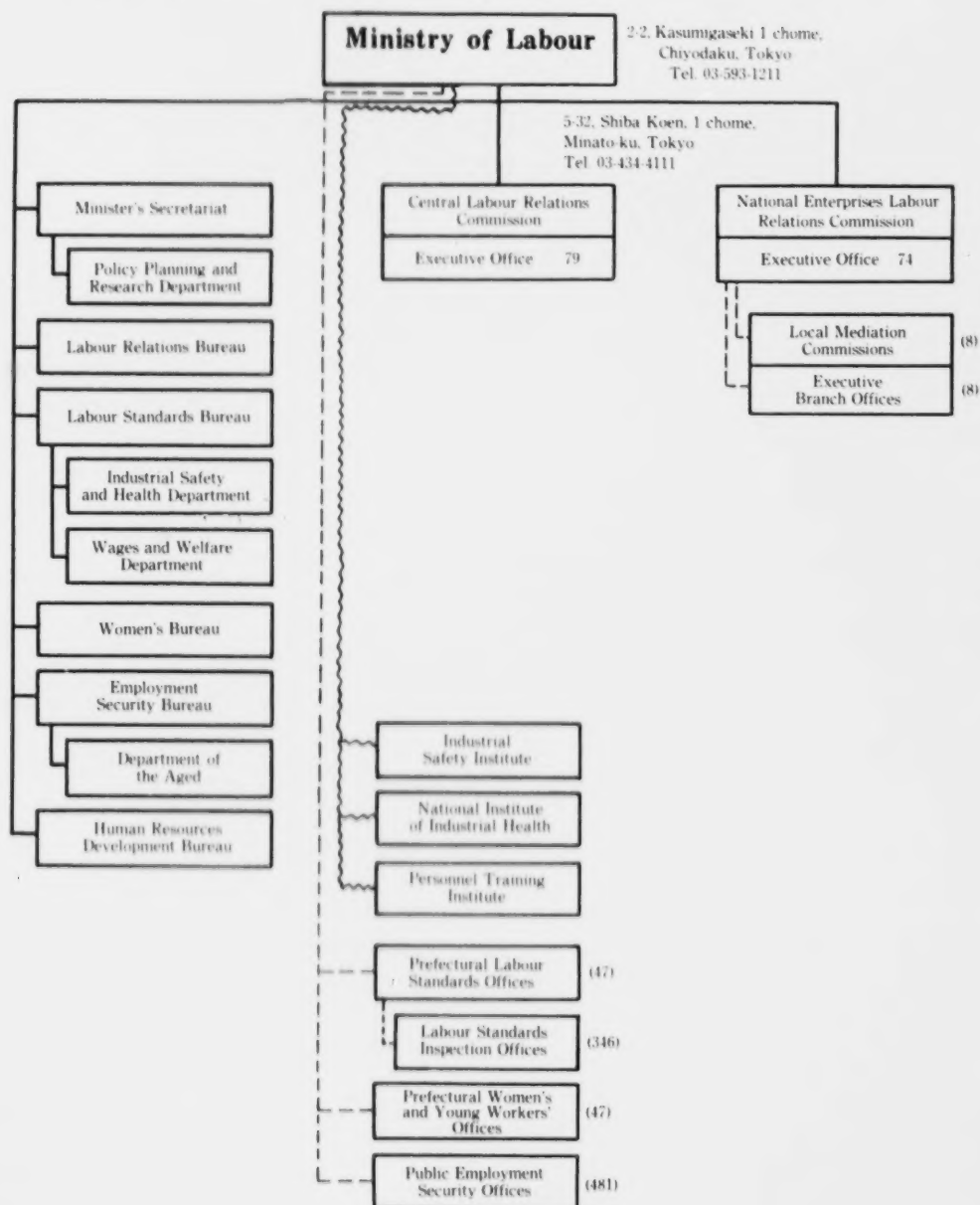
Source: Organization of The Government of Japan 1987, Management and Coordination Agency, Prime Minister's Office, Government of Japan

2. Organization of the Ministry of Health and Welfare



Source: Organization of The Government of Japan 1987.
Management and Coordination Agency, Prime Minister's Office, Government of Japan

3. Organization of the Ministry of Labour



Source: Organization of The Government of Japan 1987,
Management and Coordination Agency, Prime Minister's Office, Government of Japan

II. Fundamental Law for Countermeasures for Mentally and Physically Handicapped Persons

(Law No. 84, May 21, 1970)

Contents:

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- Chapter II. Fundamental Policies for the Prevention of the Occurrence of Mental and Physical Handicaps (Article 9)
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- Supplementary Provisions

Chapter I General Provisions

(Purpose of this Law)

Article 1. The purpose of this Law is to promote overall countermeasures for mentally and physically handicapped persons by clarifying the responsibilities of the State and local public bodies in regard to the fundamental policies for the prevention of the occurrence of mental and physical handicaps as well as for the welfare of mentally and physically handicapped persons such as medical care, training, protection, education, promotion of employment and provision of pensions, etc.

(Definition)

Article 2. "Mentally and Physically Handicapped Persons" as used in this Law shall mean those whose daily life or social life are considerably inconvenienced for a long period of time on account of a disabled limb or trunk, handicaps in the visual function, handicaps in auditory function, dysfunctions of equilibrium, voice, speech and permanent functional disorders of internal organs, such as the heart or respiratory organs as well as mental deficiency like mental retardation (hereinafter referred to as "mental and physical handicaps").

(Individual Dignity)

Article 3. All mentally and physically handicapped persons shall have the guaranteed right to treatment worthy of their individual dignity which is highly valued.

(Responsibilities of the State and Local Public Bodies)

Article 4. The State and local public bodies shall be responsible for the prevention of the occurrence of mental and physical handicaps as well as for the promotion of the welfare of mentally and physically handicapped persons.

(Responsibilities of the Nation)

Article 5. The Nation shall make efforts to help promote the welfare of mentally and physically handicapped persons based on the idea of social solidarity.

(Efforts for Self-Support)

Article 6. 1) Mentally and physically handicapped persons shall participate positively in social and economic activities by utilizing the abilities they possess.

2) The family members of mentally and physically handicapped persons shall endeavor to accelerate the self-support of mentally and physically handicapped persons.

(Fundamental Policies)

Article 7. The measures concerning the welfare of mentally and physically handicapped persons shall be mapped out comprehensively and be enforced under systematic coordination by taking into consideration the age of the handicapped, kind and degree of the handicaps.

(Legislative Measures)

Article 8. The Government shall take necessary legislative and financial measures in order to achieve the purpose of this Law.

Chapter II Fundamental Policies for the Prevention of the Occurrence of Mental and Physical Handicaps

Article 9. 1) The State and local public bodies shall accelerate investigation and research concerning the cause of the occurrence and prevention of mental and physical handicaps.

2) The State and local public bodies shall disseminate necessary information, strengthen health measures for mothers and children, make early discovery of sickness and injury which may cause mental and physical handicaps, promote early treatment and take other necessary measures for the prevention of the occurrence of mental and physical handicaps.

Chapter III Fundamental Policies for the Welfare of Mentally and Physically Handicapped Persons

(Medical Care, Protection, etc.)

Article 10. 1) The State and local public bodies shall take measures to provide mentally and physically handicapped persons with medical benefits which are necessary for them to restore or obtain their vital functions, and also to provide them with prosthetic appliances and other tools which are necessary for them to overcome their handicaps.

2) The State and local public bodies shall take necessary measures to accommodate mentally and physically handicapped persons in institutions or have them attend the same according to their age, kind and degree of their handicaps in order to provide them with appropriate protection, medical care, life guidance and other guidances, rehabilitation training and other trainings or sheltered workshops.

3) The State and local public bodies shall promote research and development of the medical care, guidance, training, prosthetic appliances and other tools as stipulated in the foregoing two paragraphs.

(Protection of Severely Mentally and Physically Handicapped Persons)

Article 11. The State and local public bodies shall endeavor to provide severely mentally and physically handicapped persons who find it extremely difficult to become self-supporting due to severe mental and physical handicaps with necessary lifelong protection.

(Education)

Article 12. 1) The State and local public bodies shall take necessary measures to bring improvement and repletion of the method and quality of education in order to enable mentally and physically handicapped persons to receive an adequate amount of education according to their age, ability, kind and degree of their handicaps.

2) The State and local public bodies shall accelerate investigation and research concerning the education of mentally and physically handicapped persons.

(Visiting Guidance)

Article 13. The State and local public bodies shall take necessary measures to provide mentally and physically handicapped persons with necessary guidance, training or daily care by means of making visits to their homes.

(Vocational Guidance)

Article 14. 1) The State and local public bodies shall take necessary measures to provide mentally and physically handicapped persons with vocational guidance, vocational training and employment to enable them to engage in appropriate occupation according to their abilities.

2) The State and local public bodies shall accelerate investigation and research concerning kinds and areas of occupation which are suitable for the mentally and physically handicapped persons.

(Promotion of Employment)

Article 15. The State and local public bodies shall take measures to promote the employment of mentally and physically handicapped persons by providing them with priorities in the area of occupations which are suitable to them, and also to help implement necessary facilities to accommodate them as they are hired.

(Judgment and Consultation)

Article 16. The State and local public bodies shall take necessary measures to ensure that various judgments and consultations concerning mentally and physically handicapped persons are carried out comprehensively, and that the system is extensively utilized.

(Guidance and Advice after Disposition)

Article 17. The State and local public bodies shall take necessary measures to provide mentally and physically handicapped persons with guidance and counselling to enable them to enjoy daily life or social life after they have received various dispositions in accordance with their welfare programs.

(Completion of Facilities)

Article 18. 1) The State and local public bodies shall take necessary measures to complete necessary facilities to enforce the policies as stipulated in paragraphs 2 and 3 of Article 10, Article 12 and Article 14.

2) In completing the facilities as mentioned in the foregoing paragraph, necessary consideration shall be taken to ensure that the measures as stipulated in the said paragraph be enforced systematically and comprehensively.

(Securing of Professional Technical Staff)

Article 19. 1) Sufficient numbers of professional technical staff, teaching staff and other employees who are in possession of professional knowledge or techniques shall be stationed in the

facilities as described in paragraph 1 of the preceding Article.

2) The State and local public bodies shall endeavor to cultivate and train those mentioned in the preceding paragraph, other personnel who are engaged in promoting the welfare of mentally and physically handicapped persons and the professional technicians to manufacture the tools as stipulated in paragraph 1, Article 10.

(Pensions, etc.)

Article 20. The State and local public bodies shall take necessary measures concerning pension and allowance systems for the stabilization of the lives of mentally and physically handicapped persons.

(Loan of Funds)

Article 21. The State and local public bodies shall take necessary measures to loan necessary funds, to pay allowances to mentally and physically handicapped persons in order to assist them in starting enterprises, in finding jobs and in acquiring necessary knowledge and techniques for these purposes.

(Securing of Houses)

Article 22. 1) The State and local public bodies shall take necessary measures to secure houses for mentally and physically handicapped persons and to promote the completion of houses befitting their daily lives with an aim to bring about the stabilization of their lives.

2) The State and local public bodies shall take necessary measures to give appropriate attention to the construction of facilities as well as the completion of equipment to make convenient the utilization of traffic facilities and other public utilities by mentally and physically handicapped persons.

(Reduction of Economic Burdens)

Article 23. 1) The State and local public bodies shall take necessary measures such as measures on taxation system exempting the fees for public utilities and facilities, etc., in order to reduce the economic burden of mentally and physically handicapped persons and their supporters, and to accelerate their self-support.

2) The Japanese National Railways shall endeavor to reduce, if it is deemed necessary, the fare to be paid by mentally and physically handicapped persons and their helpers in order to lighten the economic burden on them and their supporters, and to accelerate their self-support.

(Concomitant Consideration for the Measures)

Article 24. Special consideration shall be made at the time of mapping out the welfare plans for mentally and physically handicapped persons and their execution in order to keep their parents and caretakers free from any concern after their death as to the lives of the surviving handicapped.

(Completion of Cultural Conditions)

Article 25. The State and local public bodies shall take necessary measures to complete facilities, equipment and other conditions, to foster cultural and sports activities in order to satisfy the cultural aspirations of mentally and physically handicapped persons, to arouse motivation to attain their cultural ideals, to allow their recreational activities which are voluntary and positive, and to enable them to enjoy sports themselves.

(Understanding of the Nation)

Article 26. The State and local public bodies shall take necessary measures to intensify correct understanding by the nation in regard to mentally and physically handicapped persons.

Chapter IV Council for Countermeasures for Mentally and Physically Handicapped Persons

(Central Council for Countermeasures for Mentally and Physically Handicapped Persons)

Article 27. 1) The Central Council for Countermeasures for Mentally and Physically Handicapped persons (hereinafter referred to as "the Central Council") shall, as an auxiliary organ, be established in the Prime Minister's Office.

2) The Central Council shall take charge of the following items:

- i) To investigate and deliberate on necessary matters for the setting up of fundamental and comprehensive policies with regard to mentally and physically handicapped persons.
- ii) To investigate and deliberate on fundamental affairs which require mutual coordination and adjustment among administrative organs concerned in order to promote the measures with regard to mentally and physically handicapped persons.

3) The Central Council may submit its opinion to the Prime Minister or the respective Minister concerned with regard to the stipulations mentioned in the foregoing paragraph.

Article 28. 1) The Central Council shall consist of not more than twenty members.

2) The members of the Central Council shall be appointed by the Prime Minister from among the officials of administrative agencies concerned, and from learned and experienced persons.

3) The Central Council may have expert members for investigation and deliberation on special matters.

4) The expert members of the Central Council shall be appointed by the Prime Minister from among learned and experienced persons.

5) The Central Council shall discharge those expert members at the termination of investigation and deliberation of the said special matters.

6) The members of the Central Council and its expert members shall serve part-time.

Article 29. In addition to those provided for in the preceding two Articles, matters necessary for the management of the Central Council shall be stipulated by Cabinet Order.

(Local Council for Countermeasures for Mentally and Physically Handicapped Persons)

Article 30. 1) Local Councils for Countermeasures for Mentally and Physically Handicapped Persons shall be established in the Prefectures [including designated cities (hereinafter referred to as "designated cities") provided for in item 1, paragraph 19, Article 252 of the Local Autonomy Law (Law No. 67, 1947) the same follows] for necessary coordination and adjustment among administrative agencies concerned to promote the measures with regard to mentally and physically handicapped persons in the said Prefectures.

2. Necessary matters pertaining to Local Councils for Countermeasures for Mentally and Physically Handicapped Persons to be established in Prefectures and their committee members shall be provided for in the relevant Ordinances.

3. Local Councils for Countermeasures for Mentally and Physically Handicapped Persons may be established in municipalities (excepting designated cities) in accordance with the Ordinances for necessary coordination and adjustment among administrative agencies concerned to promote the measures pertaining to mentally and physically handicapped persons in the said municipalities.

Supplementary Provisions

(Date of Enforcement)

1. The Law shall come into force from the day of its promulgation.

III. List of Major National Organizations for/of Disabled Persons

NAME	ADDRESS	TEL
All Japan Hard-of-Hearing Conference	c/o Suzuki, 63-19, Yoyogi 5 chome, Shibuya-ku, Tokyo 151	03-485-0572
All Japan Hospital Rehabilitation Association	New Osaki 318, 6-21, Osaki 3 chome, Shinagawa-ku, Tokyo 141	03-494-1948
Association for Children with Heart Disease	Kitanori Bld., 17 Kandakitanorimonochi, Chiyoda-ku Tokyo 101	03-256-8424
Association for the Parents of Congenital Disability Children	NYC, JYVA, 3-1, Yoyogijinencho, Shibuya-ku, Tokyo 151	03-460-3994
Association of Bechet's Disease Patients	c/o Teikyo Daigaku Igakubu, 11-1, Kaga 1 chome, Itabashi-ku, Tokyo 173	03-964-3315
Association of Kidney Patients in Japan (ZENJINKYO)	Tanuma Bld. 2F, 15-29, Shimoochiai 3 chome, Shinjuku-ku, Tokyo 161	03-952-5340
Association of Parents of Hearing Impaired Children	15-4-118, Higashinogawa 3 chome, Komae-shi, Tokyo 201	03-488-0414
Association to Coordinate the Welfare Services for the Physically and Emotionally Handicapped Children	Shinkasumigaseki Bld. 3-2, Kasumigaseki 3 chome, Chiyoda-ku, Tokyo 100	03-581-6502
Foundation Caring for Cerebral Palsy Children	5-4-304, Uehara 2 chome, Shibuya-ku, Tokyo 151	03-465-7132
Japan Assembly of Citizens in Wheelchairs	c/o Mr. Hideo Kondo, 178-3, Negishimachi, Machida-shi, Tokyo 194	0427-91-0132
Japan Association for Employment of the Disabled	Toranomon Toso Bld. 8F, 9-2, Toranomom 1 chome, Minato-ku, Tokyo 105	03-501-7561
Japan Association for the Welfare of the Severely Handicapped	Zenkokuzaidan Bld. 4F, 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-204-2202
Japan Association of Rehabilitation	Shinshinshogaiji Sogo Iryo Ryoiku Center, 1-	03-974-2146

NAME	ADDRESS	TEL
tion Center for Physically Handicapped Children	10, Komone 1 chome, Itabashi-ku, Tokyo 173	
Japan Blind Social Welfare Accommodation Council	c/o Nihon Mojin Shokuno Kaihatsu Center, 3, Honshiocho 10 chome, Shinjuku-ku, Tokyo 160	03-357-9579
Japan Federation of the Deaf	SK Bld., 130 Yamabukicho, Shinjuku-ku, Tokyo 162	03-268-8847
Japan League for the Mentally Retarded	Zenkoku Tobacco Center Bld. 8F, 16-1, Nishi-shinbashi 2 chome, Minato-ku, Tokyo 105	03-438-0558
Japan Research Association of Welfare and Education for the Blind	c/o Nippon Tenji Toshokan, 23-4, Takadanobaba 1 chome, Shinjuku-ku, Tokyo 160	03-200-1130
Japan Special Olympics Committee	Umeda Bld. 4F, 1-12, Ofuna 3 chome, Kamakura-shi, Kanagawa 247	0467-45-4921
Japan Speech and Hearing Association	23-12-201, Minami 3 chome, Kokubunji-shi, Tokyo 185	0423-24-7397
Japan Wheelchair Basketball Federation	Monarch Kudan 302, 3-17, Kudankita 4 chome, Chiyoda-ku, Tokyo 102	03-265-5737
Japanese Association of Brothers and Sisters for the Handicapped	NYC, JYVA, 3-1, Yoyogijinencho, Shibuya-ku, Tokyo 151	03-374-2396
Japanese Association of Occupational Therapists	Zenkokuzaidan Bld. 5F, 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-1286
Japanese Congress for Autistic Children and Adults	Zenkokuzaidan Bld., 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-1211
Japanese Epilepsy Association, Inc.	Zenkokuzaidan Bld. 5F, 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-202-5661
Japanese Federation for Mental Health	Shuwa 2nd. Toranomon Bld. 5F, 21-19, Toranomon 1 chome, Minato-ku, Tokyo 105	03-508-0729
Japanese Parents Association for the Mentally Retarded	8F, Zenkoku Tobacco Center Bld. 16-1, Nishi-shinbashi 2 chome, Minato-ku, Tokyo 105	03-431-0668
Japanese Parent's Association of Children with Speech Disorders	Zenkokuzaidan Bld., 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-1211

NAME	ADDRESS	TEL
Japanese Physical Therapy Association	Win Yotsuya 810, 107, Sumiyoshicho, Shinjuku-ku, Tokyo 162	03-357-6120
Japanese Society for Disabled Children	13-15, Higashiikebukuro 3 chome, Toshima-ku, Tokyo 170	03-983-3213
Japanese Society for Rehabilitation of the Disabled	22-1, Toyama 1 chome, Shinjuku-ku, Tokyo 162	03-204-0960
Japanese Society for the Problems of the Handicapped	Ishimi Bld. 4F, 24-6, Hyakunincho 2 chome, Shinjuku-ku, Tokyo 160	03-371-0337
Japanese Sports Association for the Disabled	22-1, Toyama 1 chome, Shinjuku-ku, Tokyo 162	03-204-3993
Liaison Council for Guaranteed Livelihood of Disabled People (SHOGAIKEN)	c/o Sohyokaikan, 2-11, Kandasurugadai 3 chome, Chiyoda-ku, Tokyo 101	03-251-0311 (ext.765)
Muscular Dystrophy Association of Japan, Inc.	Zenkokuzaidan Bld., 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-1211
National Alliance of Paraplegia People	21, Maioka, Totsuka-ku, Yokohama-shi, Kanagawa 244	045-823-5004
National Association for Directors of Institutions for the Blind and Mute	c/o Kanamachi Gakuen, 13-8, Mizumoto 3 chome, Katsushika-ku, Tokyo 125	03-608-7070
National Association for the Promotion of Special Education	Kokuritsu Kyoiku Kaikan, 2-3, Kasumigaseki 3 chome, Chiyoda-ku, Tokyo 100	03-580-0582
National Blind Union	10-33, Takadanobaba 1 chome, Shinjuku-ku, Tokyo 160	03-200-0011
National Conference to Support the Life and Right of Disabled Persons	Ichikawa Bld. 4F, 8-6, Nishishinjuku 5 chome, Shinjuku-ku, Tokyo 160	03-372-2421
National Council for Establishment of Independent Living for the Handicapped	c/o Hachioji Jiritsu Home, 14-15, Sennincho 4 chome, Hachioji-shi, Tokyo 192	0426-65-9131
National Council of Sheltered Workshops	Shinkasumigaseki Bld., 3-2, Kasumigaseki 3 chome, Chiyoda-ku, Tokyo 100	03-581-6502
National Council of Social Welfare	Shinkasumigaseki Bld., 3-2, Kasumigaseki 3 chome, Chiyoda-ku, Tokyo 100	03-581-7851

NAME	ADDRESS	TEL
National Council of Visually Disabled in Japan	c/o Mr. Togo, Nogikuso B, 10-8, Otsuka 6 chome, Bunkyo-ku, Tokyo 112	03-941-9334
National Federation for Complex Disease Association	14-19-301, Sengoku 2 chome, Bunkyo-ku, Tokyo 112	03-945-2175
National Federation of Facilities to Care for the Physically Disabled	Shinkasumigaseki Bld., 3-2, Kasumigaseki 3 chome, Chiyoda-ku, Tokyo 100	03-581-6502
National Federation of Institutions for the Internally Handicapped	c/o Shonan After Care, 1, Yoshikuracho, Yokosuka-shi, Kanagawa 238	0468-22-2824
National Federation of Organization for the Physically Handicapped Persons	Zenkokuzaidan Bld., 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-208-3058
National Federation of Relief Institution	Tenjinryo, 5-315, Nakamuracho, Minami-ku, Yokohama-shi, Kanagawa 232	045-251-5907
National Federation of the Associations for the Parents of Deaf people	Ikuno Ro Gakko, 2-1, Momodani 1 chome, Ikuno-ku, Osaka-shi, Osaka 544	06-717-3366
National Federation of the Parents of Physically Handicapped Children	3-12, Nishiikebukuro 4 chome, Toshima-ku, Tokyo 171	03-971-0666
National Society of Myasthenia Gravis	Sugamo Yoko Haitsu 502, 11-2, Sugamo 1 chome, Toshima-ku, Tokyo 170	03-947-2128
National Welfare Foundation for Disabled Children	2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-1211
Nippon Charity Kyokai, Inc.	Senyo Bld. 5F, 21-13, Yotsuya 1 chome, Shinjuku-ku, Tokyo 162	03-341-0803
Parents' Association for Mentally and Physically Handicapped Children(Adults)	30-9, Misyuku 2 chome, Setagaya-ku, Tokyo 154	03-413-6781
Rheumatism Friendship Society of Japan	19-23-501, Takaban 2 chome, Meguro-ku, Tokyo 152	03-716-0175
Tetsudo Kosai Kai (The Voluntary Social Welfare Organ-	5-1, Kojimachi, Chiyoda-ku, Tokyo 102	03-265-0311

NAME	ADDRESS	TEL
ization for Employment of the Japanese National Railway and Others Concern)		
The Association for the Education and Welfare of the Hearing Impaired, Inc.	c/o Zenkokuzaidan Bld., 2-8, Nishiwaseda 2 chome, Shinjuku-ku, Tokyo 162	03-203-4765
The Federation of Sheltered Workshop in Japan (KYOSAREN)	2-1159, Ogawacho, Kodaira-shi, Tokyo 187	0423-45-1229
The Ginreikai Incorporated Association	Takarashigyo 2nd. Bld. 3F, 7-14, Iidabashi 3 chome, Chiyoda-ku, Tokyo 102	03-261-1820
The Japanese Association for the Care and Training of the Mentally Retarded	Zenkoku Tobacco Center Bld. 7F, 16-1, Nishishinbashi 2 chome, Minato-ku, Tokyo 105	03-438-0466
The Japanese Association of Rehabilitation Medicine	13-15, Higashiikebukuro 3 chome, Toshima-ku, Tokyo 170	03-981-6153
The Japanese Orthopaedic Association	Fuse Bld., 30-10, Hongo 3 chome, Bunkyo-ku, Tokyo 113	03-816-3671
The National Federation of Families with Mentally Ill in Japan (ZENKAREN)	Kawamura Bld. 2F, 11-7, Ueno 7 chome, Taito-ku, Tokyo 110	03-845-5084
The Tokyo Physically Handicapped Drivers' Association	6665-3-103, Yaho, Kunitachi-shi, Tokyo 186	0425-75-4985
Welfare Transportation Association	21-7, Gotokuji 2 chome, Setagaya-ku, Tokyo 154	03-425-5256
Zencolo Association of Industrial Rehabilitation Centers	Wakatsuki Bld. 1F, 31-7, Eharacho 2 chome, Nakano-ku, Tokyo 165	03-952-6166

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Japan International Cooperation Agency
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